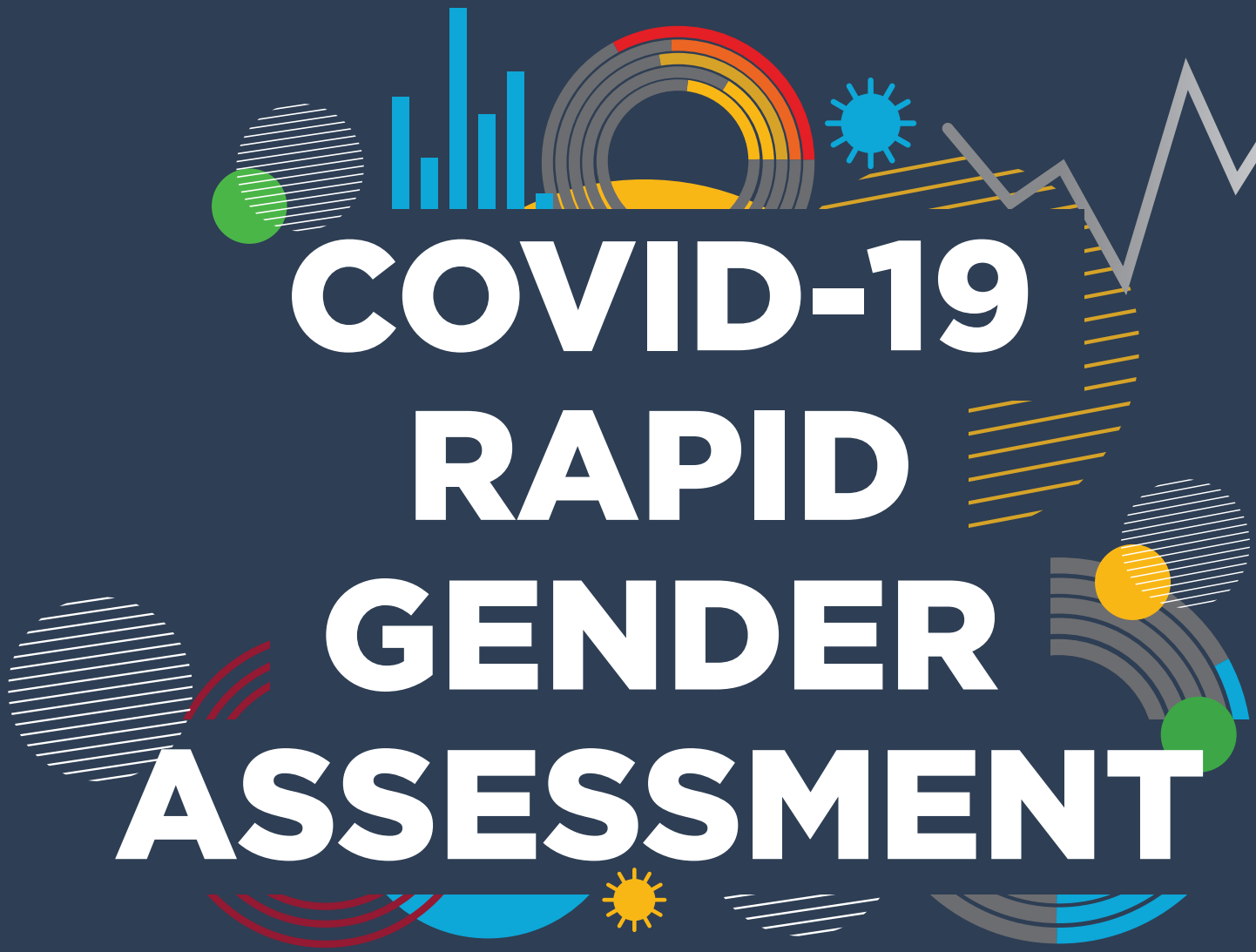


COVID-19 RAPID GENDER ASSESSMENT

Gender Perspective

MALAWI | 2020

UN WOMEN | WOMEN COUNT | UNFPA

RAPID GENDER ASSESSMENT MALAWI

Gender Perspective
MALAWI | 2020

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS/ ACRONYMS

CAI	Computer-assisted interviewing
CAPI	Computer-assisted personal interviewing
CATI	Computer-assisted telephone interviewing
COVID-19	Novel coronavirus or SARS-CoV-2
FGM	Female genital mutilation
GBV	Gender-based violence
IDP	Internally Displaced Person
IVR	Interactive Voice Response
MoH	Ministry of Health
PHSM	Public health and safety measures
RGA	Rapid gender assessment
SEM	Socio-Ecological Model
SMS	Short Message Service
SRH	Sexual and Reproductive Health

EXECUTIVE SUMMARY

Commissioned by UN Women[1] and the United Nations Population Fund (UNFPA),[2] the study was aimed at producing sex-disaggregated data on the impacts of COVID-19 on women and men aged 18 years and older in Malawi. With a particular focus on disadvantaged groups of women, including women living in rural areas and women of different age groups, the rapid gender assessment (RGA) aimed to investigate the consequences of the COVID-19 crisis on women and men and generate sex-disaggregated data to inform effective and gender-responsive decision-making. This publication summarizes the findings of the RGA report.

Conducted between November and December 2020 as a computer-assisted telephonic interview (CATI),[3] the RGA was based on a sample of 2,481 women and men for Wave 1 and 2,402 for Wave 2 that were obtained through a process of random direct dialing. Respondents provided multiple-choice and scale-based answers in 15–20-minute interviews using two questionnaires administered in separate sessions[4] to minimize respondent fatigue. Soft quotas were applied post collection by rural/urban and living standards measure. The margin of error is +/-2.0% at 95% confidence level for reporting at national level.

The survey is thus representative of mobile phone owners but adjusted to the demographics of the population by age, gender, and location. Unfortunately, the sample size was too small to allow for adequate measurement and disaggregation of data by disability status. Confidentiality and anonymity were guaranteed and ethical and safety principles followed to ensure that no additional harm, risk, or distress was imposed on women and men who took part in the data collection being conducted remotely. Informed consent was obtained from each participant.

Household economic activities and livelihoods

Like in many other countries in the sub-region and globally, COVID-19 and the associated restrictions on movement had a significant negative impact on economic activities in Malawi.

According to respondents (women 70%, men 75%), their economic activities changed during the pandemic with women and men aged 18–34 years most affected (71% and 77%, respectively). The largest proportion of respondents affected by changes in economic activities were those who owned businesses or were freelancers; before the lockdown – 52% of women owned a business/were freelancers compared to only 34% at the time of the study. A similar pattern is observed for men, with 43% working

1 The United Nations' entity dedicated to gender equality and the empowerment of women.
2 The United Nations' sexual and reproductive health agency.
3 Given the low and uneven penetration of mobile phones in Malawi, CATI surveys are not ideal if a representative picture of the circumstances of the population is desired. Nevertheless, this approach, necessitated by the COVID-19 context, provides some insight into the impacts of COVID-19 on the respondents.
4 Questionnaire I was administered to the sample of n=2,481 individuals and respondents were asked whether they were willing to participate in a second interview. An appointment was made for a convenient time with those who agreed, and the second interview was conducted accordingly. In instances where respondents declined, the individual was replaced with a new sampled respondent with similar demographic characteristics.

as business owners/freelancers before the pandemic compared to 32% at the time of the study.

Farmers/laborers also experienced some discrepancies; a lower proportion of women listed farming as an economic activity after the onset of the pandemic (women 23% compared to 19%). The converse was true for men – 26% of whom listed farming as an economic activity before the pandemic compared to 27% during the pandemic. Those in non-agricultural part-time jobs were least affected, with post-pandemic proportions remaining the same as those before the pandemic (11% each for women and 15% each for men). Those engaged in unpaid work in family business were also not affected in terms of economic activity (1% pre- and post-pandemic for both women and men).

About 3 in 4 women and men in all age groups indicated that they had suffered decreases in income as a result of the pandemic (73% and 76%, respectively) while only about 1 in 4 indicated no change in income (24% and 21%, respectively), showing that a slightly higher proportion of men were affected by loss of income. A large proportion of women (63%) and men (69%) indicated that they had experienced changes in combined income during the pandemic; again, the 18–34-year age group was most affected (women 64%, men 70%), while the 55 years and above age group was least affected (women 60%, men 66%).

The most common challenges that women and men experienced during the pandemic were financial difficulties (67% and 68%, respectively), eating less or skipping a meal altogether because of lack of money or other resources (62% and 64%, respectively), not eating at all for a day or more because of lack of money or other resources (46% and 51%, respectively), and loss of employment of the household head (18% and 19%, respectively).

Agricultural activities and food security

While high percentages of both women and men lived in households that produced crops and livestock (i.e., fish farming, poultry, and other stock), on average, a much higher percentage of men (84%) reported this than women (72%). Women aged 35–54 years (79%) and men aged 55 years and above (90%) were most likely to indicate that their household produced food. Up to 1 in 5 women (19%) and men (20%) reported that the food produced by the household provides for all their food needs, and less than 1 in 10 women and men (7% each) indicated that it provides for most of their food needs. A larger proportion of women (21% or more than 1 in 5) and men (28% or more than 1 in 4) said that food produced by the household meets some of their food needs while the largest proportion (women 52%, men 45%) indicated that it does not provide for their food needs.

Both women and men reported similar levels of perceived changes in the **availability of seed and other crop farming inputs** since the onset of COVID-19. About 46% of men and 48% of women thought there was no change in availability. A small percentage of men (3%) and women (2%) thought the availability of seeds and other inputs had increased since the onset of COVID-19. In terms of purchasing power, the largest proportion of respondents (approximately 1 in 3 – women 62%, men 63%) were of the view that their **ability to buy seed** had decreased, while the largest proportion of respondents who felt that it had increased (women 5%, men 6%) were in the 55 years and above age group.

Regarding changes in food availability due to COVID-19-related movement restrictions, nearly 1 in 2 women (48%) and men (46%) thought that food had become less available, while about 2 in 5 respondents (women 42%, men 39%) thought that food was just as available during the pandemic as it was previously, and a significantly smaller proportion (women 6%, men 9%) thought it had become more available since the onset of COVID-19. A tiny proportion (women 2%, men 4%) thought that food had become less available since the onset of COVID-19 due to reasons other than movement restrictions.

The largest proportion of women and men (nearly 3 in 5 or 61% and 57%, respectively) thought that the prices of food had increased since the onset of the pandemic. A significant proportion of women and men (about 1 in 3 or 32% and 34%, respectively) felt that the prices had remained the same while only 6% of women and 8% of men thought that the price of food had reduced since the onset of the pandemic. Women in the 55 years and above age group (67%) were most likely to indicate that food prices had increased, while women in the 35–54-years age group (34%) were most likely to indicate that food prices had stayed the same.

Education

Limited access to learning materials such as books was the greatest impediment to learning for girls and boys (41% and 43%, respectively) in Malawi during the pandemic. Lack of a skilled instructor also hindered studying from home for girls (37%) and boys (43%), as did lack of a conducive environment (28% and 34%, respectively), limited access to the internet (girls 28%, boys 30%), and lack of electricity/source of lighting (girls 25%, boys 28%). Girls were more affected than boys by the learning challenge that the multiple roles of the parent/guardian presented (girls 14%, boys 11%) and by other undefined challenges (girls 23%, boys 18%). A slightly lower proportion of girls (20%) than boys (21%) experienced increased household chores as an impediment to studying from home during the pandemic.

Water and sanitation

Only about 2 in 5 of women (17%) and men (20%) felt that they had sufficient access to clean and safe water. The percentage of respondents who reported access to clean and safe water was noticeably higher overall for women (82%) than men (77%), with women (90%) and men (82%) in urban areas indicating significantly higher access to clean and safe water than their rural counterparts (women 76%, men 74%). Women aged 18–34 years (83%) and women aged 35–54 years (82%) were slightly more likely than their counterparts aged 55 years and above (77%) to indicate that they had access to clean water during the pandemic. The latter is in contrast with men aged 55 years and above (80%), who were most likely among the men interviewed to report that they had access to clean and safe water during the pandemic. Men in the 35–54 years age group (75%) were least likely among all respondents to indicate that they had access to this commodity.

Respondents named long distances to the source (28%), the fact that water access has always been a challenge (23%), and inability to afford the cost of water (19%) as the main reasons for lack of access to clean and safe water during the pandemic. A significant proportion of women and men also indicated that piped water has always been a challenge (7%), and more than 1 in 10 (13%) pointed to other unidentified reasons for the lack of access.

Unpaid domestic and care work before and after the pandemic

The time women spend on unpaid domestic and care work has been singled out as one of the barriers hampering women's economic empowerment. Malawi has never conducted a Time Use Survey and no comprehensive information is available on the time that women and men spend on unpaid domestic and care activities. For this reason, the survey also included some questions aimed at establishing how much time women and men spent before COVID-19 on these activities and if any of them have been spending more time on these activities since the onset of the pandemic and resulting movement restrictions.

On involvement in unpaid and domestic care work activities, the study finds that although men tended to rate their own participation higher than women did, women in the household were largely responsible for these activities prior to the pandemic. Shopping for the household was the activity most attributed to men before the pandemic, according to 43% of the women and men surveyed, while collecting water and firewood (8%), cleaning (9%) and cooking and meal preparation (10%) were least attributed to men. Since the onset of the pandemic, the women reported increases in time spent on cleaning (18%) and cooking and meal preparation (14%), while 17% of men said they spent more time on cleaning (17%), followed by cooking and meal preparation (12%).

As far as unpaid care activities go, the highest proportions of women and men indicated that women spent the most time on physical (70%) and passive (56%) care of children as well as playing with/reading stories to children (44%). Emotional support of adults (29%) and assisting other adults with administration and accounts (28%) were the activities that registered the highest proportions of participation by men before the pandemic, followed by physical care of adults (20%) and playing with and reading to children (19%). During the pandemic, increases in time spent in teaching children (women 26%, men 28%), passive care of children (women 23%, men 21%), and playing with/reading stories to children (19% for each) were experienced nearly equally by both sexes. Time spent on emotional support (women 37%, men 36%) and physical care of adults (36% each) and assisting other adults with administration and accounts (women (34%, men 35%) was more likely to decrease than increase during the pandemic for both women and men.

Help with household chores

A relatively modest but noticeably higher percentage of women (20%) reported getting help for chores and for caring for other family members from persons outside of their household than men (15%). While this percentage holds across different age groups for men, a substantially higher percentage of women aged 55 years and older (30%) reported receiving help for chores and caring for others than women in any other age group (18–19%).

Respondents identified family members (women 41%, men 46%), a person outside of the family[5] (women 28%, men 22%), and daughters (women 14%, men 20%) as the persons most likely to help with chores and providing care for others in the household. Respondents who mentioned hiring help were asked how the situation has changed since the onset of COVID-19. About 2 in 3 respondents (women 68%, men 64%) reported

5 These included a domestic worker, babysitter, or hired nurse.

receiving less help from a domestic worker, babysitter, or hired nurse while less than 1 in 5 respondents (women 16%, men 14%) indicated that they received more help.

Mental health

As in other regions globally, COVID-19 took a toll on the mental health of women and men in Malawi. More than half of women (52%) and nearly 3 in 5 men (59%) indicated that the pandemic has had a negative impact on their mental or emotional health. Among women, those aged 35–49 years (57%) registered the highest proportions of those affected while those in the 50–64 years and 65 and above years age groups registered the lowest proportions of those affected (46% each).

More than 8 in 10 women and men (84% each) who responded to the survey indicated that COVID-19 and its related control measures and restrictions have caused them to worry. While concerns for both sexes on access to food (women 21%, men 20%), death (women 19%, men 18%), safety related to the crisis (women 10%, men 9%), and access to medicine (women 5%, men 6%), largely overlapped, some concerns varied by sex. Nearly 1 in 4 women (23%) worried about children missing school compared to nearly 1 in 5 men (19%), while 1 in 2 women (50%) worried about their economic situation and income compared to nearly 3 in 5 (57%) men.

Health services

Overall, the study found that slightly more than 1 in 3 women (37%) and men (36%) were inclined to seek health services during the pandemic, although women aged 65 years and above (45%) were significantly more likely to do so. While more than half the respondents (women 57%, men 52%) reported not needing services, among those who did, more than 1 in 3 (women 34%, men 39%) were able to do so with the highest proportions seeking "other (unidentified) healthcare related services" (women 43%, men 40%), child healthcare services (women 23%, men 26%), healthcare sevices for pregnant mothers/maternal healthcare services (women 21%, men 14%), and family planning/SRH services[6] (women 8%, men 13%).

Inasmuch as a signifcantly larger percentage of women (nearly 1 in 4 or 24%) than men (nearly 1 in 5 or 17%) reported shorter waiting times compared to before the outbreak, experiences with healthcare since COVID-19 were largely similar for women and men, although it is not entirely clear why there is such a marked difference between the sexes. Interestingly, similar proportions of women and men indicated that they experienced longer waiting times since the onset of the pandemic and the same waiting time as before the pandemic (women 36%, men 39% longer waiting times; women 34%, men 36% shorter waiting times). Only a relatively small proportion of respondents indicated that they sought healthcare services for HIV healthcare (women 8%, men 3%), medicine for chronic illnesses (women 5%, men 10%), and clinical management of sexual violence, i.e. rape and defilement (women 9%, men 6%).

Only a small proportion of women (5%) and men (4%) tried but were unsuscceful in accessing healthcare services.

6 Including menstrual hygiene, etc.

Feelings of safety in the community and at home

The pandemic brought changes in respondents' feelings of safety in the community; while a significant proportion of individuals (women 16%, men 19%) indicated feeling less safe since the onset of the pandemic, a larger proportion (women 43%, men 42%) indicated feeling safer and a similarly large proportion indicated no change in feelings of safety since the start of the pandemic. This may be attributable to more time spent at home due to the restrictions on movement, resulting in overall increased feelings of safety than prior to the pandemic.

Notwithstanding, when queried on whether they have personally experienced violence since the onset of the pandemic, 15% of women and 17% of men responded in the affirmative. Women in the 35–49-years demographic (16%) and in the 18–34-years demographic (15%) were more likely than older women (11% for those aged 50–64 years; 13% for those aged 65 years and above) to have experienced violence in the community during the pandemic. The proportion of individuals who experienced discrimination during COVID-19 was also fairly low compared to other countries in the sub-region (women 14%, men 13%) with women aged 35–49 years (16%) and 18–34 years (15%) being significantly more likely than older women (9% for those aged 50 years) to have experienced discrimination.

The scenario in the home was markedly different, with almost half of all respondents (women 48%, men 49%) indicating that they felt the same level of safety during the pandemic as they did previously, more than 1 in 4 (women 44%, men 43%) reporting that they felt safer, and nearly 1 in 10 indicating that they felt less safe (women 7%, men 8%). For those who felt less safe, most were concerned about increases in crime (women 37%, men 45%), followed by concerns that living in densely populated areas made their homes less safe (women 26%, men 34%). Respondents also pointed to other (unspecified) reasons for feeling less safe in the home (women 42%, men 37%). Feeling more unsafe as a result of fearing discrimination due to the nature of their work, e.g. as health workers, was also a concern for some respondents (women 5%, men 0%)[7] while substance abuse in the household was another concern for some respondents (women 1%, men 9%). "Others in the household hurt me" was only indicated by a small proportion of respondents (women 2%, men 4%) as an explanation for feeling more unsafe at home since the start of the pandemic.

Gender-based violence

A significant part of Questionnaire II in the study focused on gender-based violence (GBV). Nearly all respondents indicated that GBV is a problem in Malawi, irrespective of the pandemic. A whopping 97% of women and 96% of men qualified the **extent to which GBV is a problem** in the country as "a lot". There were no significant differences between different age groups of women in terms of their assessment that GBV is a big problem, except that young women (18–34 years) were slightly less likely than older women to feel that way (96% for women aged 35–49 years compared to 98% for women aged 50 years and above).

A similarly high proportion of respondents reported a high **frequency of GBV** with nearly 9 in 10 women (88%) and men (85%) reporting that GBV happens very often, irrespective of COVID-19.

7 Percentages reported as 0 do not mean no cases were reported but rather that the numbers were so small that they reflect as 0 when they are rounded.

More than 5 in 10 women (53%) and men (56%) perceived a **change in occurrence of GBV** since the onset of the pandemic. Women aged 65 years and older were more likely than women of other age groups to indicate that GBV has increased during the pandemic, while women in the 50–64-years age bracket (45%) were least likely to indicate that GBV has increased during this time.

The **types/forms of GBV** that women and men were aware of and knew someone who had experienced GBV covered a wide range; approximately half of respondents (women 49%, men 51%) reported knowing of child and/or forced marriages that took place during the pandemic, 2 in 5 (women 41%, men 39%) knew someone who had been physically abused, and nearly 3 in 10 (27% each) knew someone who had experienced emotional/verbal abuse. More than 1 in 3 women (36%) and men (35%) knew someone who had experienced sexual harassment during the pandemic. Forced sexual relations also seemed to be quite common as indicated by nearly 1 in 4 respondents (24% each) who knew of a victim of this form of GBV during the pandemic. Online bullying, though reported by a lower proportion of respondents (nearly 1 in 5 or women 18% and men 20%), was still quite common, as was FGM – nearly 1 in 10 respondents (women 9%, men 8%) knew a victim of FGM carried out during the pandemic. Respondents also indicated that denial to communicate with others (women 13%, men 12%) was also a relatively common form of GBV during the pandemic.

In terms of **perpetrators of GBV**, the highest proportion of respondents indicated that a neighbor (women 33%, men 32%) or spouse (women 31%, men 33%) was behind the most recent incident of GBV that they were aware of. Respondents also indicated that a friend (women 25%, men 28%) or other family member (women 23%, men 22%) was responsible for the GBV incident and about 1 in 10 respondents (women 11%, men 12%) indicated that security agents were behind the most recent incident they were aware of.

Priorities

The study found that women and men had similar priority needs during the pandemic, with more than half identifying food (women 55%, men 56%) and healthcare (55% each) as their top priorities. Approximately 2 in 5 (women 42%, men 41%) indicated that earning an income as their priority need, followed by sanitation and hygiene (women 37%, men 38%). Safety and security (women 29%, men 28%) and education (women 20%, men 24%) also ranked quite highly as priority needs during the pandemic.

Conclusions and recommendations

The study shows that the COVID-19 pandemic has had far-reaching effects on all spheres of life in Malawi.

Socio-economic: Movement and other restrictions significantly slowed down economic activities in a context where significant gaps already existed between women and men prior to the pandemic. The study found that to some extent, these gaps either narrowed or remained the same with the pandemic having a similar impact on both women and men. Speedy economic recovery will entail safeguarding livelihoods, jobs, and businesses with specific consideration for the differential needs of rural and urban residents, women, men, people with disabilities (PWDs), and youth. For sustained recovery, the post-COVID-19 recovery period would do well to focus on connecting people, especially women, to job opportunities with government guarantees and

subsidized loans to support productive activities of women and youth. It will also be important to continue efforts to strengthen women's and youth access to education and vocational training to reduce their vulnerability for future pandemics and other crises.

Agriculture and food security: The economic consequences of the pandemic extended into food security and agricultural production as well, with a general decline in the ability of those involved in the agricultural sector to buy seeds and other inputs. In the coming months, support for food security-related interventions will be essential, as will social safety net measures such as food aid and cash transfers to ease drops in income and mitigate the negative impacts on nutritional requirements. In the medium term, increased support to small-scale food producers and subsistence farmers in the form of input supply will enhance food security – especially in rural areas. Women, including older women, form the majority of small-scale rural producers. Efforts to help them have secure tenure rights to land, access credit, and transition to more commercial activities to maximize land use need to be fast-tracked.

Education: The closure of schools in March 2020 required most students to learn from home but not without some difficulties. To ensure that boys and girls are successfully reintegrated into the school system, it will be important that both boys and girls experience social pressure and support to return to school, including pre-COVID-19 programs that included cash transfers and bursaries, and clear communication with and involvement of the community at all levels. A system-wide approach to school reopening as recommended by UNICEF will introduce a gender and inclusion lens into education analysis and support the removal of gender bias and discrimination in education systems. It will be important to recognize and prioritize the leadership of girls and women as agents of change during the recovery phase.

Access to water: Access to clean and safe water has been more important than ever during the pandemic. The study finds that women and girls are more likely than men to collect water where no piped water is available and that women are also more likely than men to indicate that the time they spend collecting water has increased during the pandemic. Programs aimed at maintaining and servicing existing infrastructure and increasing access to safe water in communities and at schools need to continue, with priority on rural communities and schools. Access to clean water and sanitation is also key to support menstrual hygiene for women and girls and needs continued support and attention at home and school.

Unpaid domestic and care work before and after the pandemic: Time spent on unpaid domestic and care work has been identified as one of the barriers hampering women's economic empowerment. No comprehensive information is available on the time women and men spend on unpaid domestic and care activities in Malawi, and the gender machinery needs to increase efforts to advocate for greater visibility and inclusion of issues on time use and informal economic activities. This will help inform policy responses that can ease women's unpaid domestic and care work and allow women to focus more on productive activities. The pandemic has shown that when circumstances dictate, men in the sub-region assist with unpaid domestic and care work. Advocacy efforts to maintain this momentum and make these contributions by men socially acceptable are needed.

Health and well-being: The study findings on the impact of COVID-19 on health and well-being, including mental health, resonate with those from the sub-region and globally. It will be important to increase investments in maternal and child health, SRH services for the elderly, people living with HIV/AIDS, people with disabilities and other vulnerable groups, as the diversion of resources away from these areas to deal with the pandemic will have negative long-term impacts on populations. Gender-responsive health budgets, strengthening resources of community-based organizations, and implementing WHO-recommended strategies to mitigate health service disruptions will also be instrumental in ensuring more equal and equitable access to health resources in Malawi.

Gender-based violence: Respondents' perceptions on the extent to which GBV is a problem in Malawi speak to the need for improved GBV awareness, prevention, treatment, and other services in Malawi, unrelated to the pandemic. Lack of reliable data on GBV remains a problem and there is an urgent need to expand the coverage of standalone, nationally representative prevalence surveys across the region. More research and research capacity is needed to identify the drivers of GBV and develop advocacy and other programs at the national and provincial level to address them. Continued advocacy on GBV prevention and improved post-GBV support and care – including increased availability of safe spaces and services for victims, and strengthening referrals between service points – are needed.

General needs and priorities: Given the high proportion of women and men in the study who indicated help with food and healthcare as their priority needs during the pandemic, interventions in the post-COVID-19 recovery phase would do well to focus on supporting and enhancing livelihoods in agriculture, as this is the primary livelihood activity in Malawi.

1. INTRODUCTION

1.1 Background

The outbreak of the coronavirus disease 2019 (COVID-19) was first reported from Wuhan, China, and has spread to 191 countries globally. As of January 14, 2021, there were 92,563,274 confirmed cases and 1,983,691 confirmed deaths globally. In Malawi, there have been 9,991 confirmed cases and 275 confirmed deaths.[8] The advance of the COVID-19 pandemic on the African continent, although mitigated by lockdowns and physical distancing measures, continues. While the first cases were imported and started in towns, there are now many cases at the community level and efforts are invested in preventing the spread of COVID-19.[9]

In addition to the direct consequences of the disease on the health and well-being of individuals, there are also indirect consequences as a result of physical distancing and confinement measures that have had a negative impact on the population, particularly on women already living in poverty and without formal employment. Anecdotal and other evidence suggest that several gender-specific issues related to COVID-19 need to be addressed.[10] These include an increased risk of gender-based violence (GBV), safety and security concerns with violent control of curfew and lockdown requirements, the increased health risks and work burden on predominantly women healthcare workers, potential risks to income loss in the vulnerable informal sector, and food insecurity in the short to medium term. In addition, lockdowns and other containment measures have impacted women's access to essential sexual and reproductive health (SRH) services such as family planning and maternal health. Recognizing the extent to which disease outbreaks affect women and men differently is a fundamental step towards understanding the primary and secondary effects of the pandemic on different individuals and communities, and for creating effective, equitable policies and interventions.

It is within this context that UN Women, in partnership with UNFPA and the United Nations Sexual and Reproductive Health Agency, commissioned a rapid gender assessment (RGA) in Malawi via GEOPOLL to deliver a more accurate picture of the consequences of the COVID-19 crisis on women and men, to make their distinct and changing needs and priorities visible, and to inform gender-responsive and effective decision-making and action. This results of the study provide policy and decision-makers with care work, reliable evidence, and information to plan and craft appropriate messages and interventions. The study presents sex-disaggregated data to fully understand how women and men are affected by the pandemic from a health impacts perspective, as well as from a livelihood and economic impacts, burden of unpaid work, and domestic violence perspective.

---

8 John Hopkins COVID-19 Cases Dashboard, 14/1/2020.
9 Promoting mask-wearing during the COVID-19 pandemic: A policymaker's guide.
10 CARE Rapid Gender Analysis for COVID 19: East, Central and Southern Africa.

1.2 Country context at the time of survey

The research took place during the peak of the pandemic and the results are expectedly influenced by the immediate associated steps taken by individuals, families, employers, and the government including prevention and control measures to curb the spread of the disease. At the time of the survey, daily updates (non-sex disaggregated) on case numbers were provided by the Minister of Health and extensive information campaigns held in mainstream and social media to raise awareness on transmission, prevention, and treatment.

On March 20, 2020, President Peter Mutharika declared COVID-19 a national disaster, despite there being no confirmed cases in the country of Malawi at the time.[11] Some of the measures put in place included banning gatherings of more than 100 people in places such as churches, rallies, weddings, and funerals. In his national address, President Mutharika also announced that all schools and colleges should be closed starting March 23, 2020. The Government suspended hosting of international meetings and banned public servants from attending regional and international meetings. In addition, returning residents and nationals from coronavirus-affected countries would be subject to self- or institutional quarantine.

After the first case of COVID-19 was identified on April 2, 2020, President Mutharika instituted new restrictions in Malawi to curb the spread of the virus. These included suspending all formal meetings, gatherings, and conferences; requiring all offices to work in shifts except those in essential services; requiring all public places, buildings, and structures to ensure adequate ventilation; requiring all employers to allow vulnerable employees to work from or stay at home; and directing the Malawi Prison Services and Juvenile Centers to present a list of eligible prisoners and juveniles to the Minister of Homeland Security for processing of their release.[12]

Other measures included slashing fuel prices and placing a waiver on the non-tourist levy to support the tourism industry, as well as a waiver of the resident tax for all foreign doctors and medical personnel. The Treasury was directed to reduce the salaries of the President, Cabinet, and deputy ministers by 10% for three months to redirect resources to COVID-19 mitigation efforts.[13] On April 14, 2020, President Mutharika announced a 21-day lockdown starting at midnight on Saturday April 18, 2020.[14] However, a court injunction suspended the lockdown following a petition by the Human Rights Defenders Coalition which argued that more consultation was needed to prevent harm to the poorest and most vulnerable in society.[15]

Beyond the immediate public health consequences, COVID-19 has negatively impacted vulnerable populations such as women, youth, and the poor. Malawi has one of the lowest Gross National Incomes (GNI) in the world – 89% of the workforce are employed in the informal economy, 70% of the population live below the international poverty line, and over 37% of children are malnourished.[16] Malawi's health system, already facing one of the highest health worker shortages in Africa, has limited capacity to deal with the additional burdens placed by COVID-19. Over one million people who

11 Mutharika lays out Malawi 'response plan' on Coronavirus: Bans gatherings of 100 people, schools closing.
12 Mutharika urges Malawi unity and 'steadfast' in Covid-19 fight: Announce new measures to stop spread of outbreak.
13 Mutharika orders fuel price slash, pay cuts for Executive: Tax Relief in Malawi.
14 Emergency Appeal: Malawi.
15 Malawi high court blocks coronavirus lockdown.
16 Emergency Appeal: Malawi.

were facing severe food insecurity prior to COVID-19 are struggling to cope with the additional economic strain imposed by pandemic-related measures. Vulnerable children including the homeless, those living in poverty, or living in institutions, are at greater risk for violence, neglect, and exploitation due to the closure of schools and community services. As family strain increases due to COVID-19 restrictions and curfews, the rates of GBV, child labor, early child marriage, sexual violence, and lack of access to safe spaces are all expected to increase as well.[17] For vulnerable populations, the consequences of the economic slowdown and the disruption of delivery of essential services could be devastating.

1.3 Objectives of the survey

The overall aim of this study was to collect data and compile reports about the effect of COVID-19 on the life circumstances of women and men in Malawi.
Specifically, the study was aimed at:

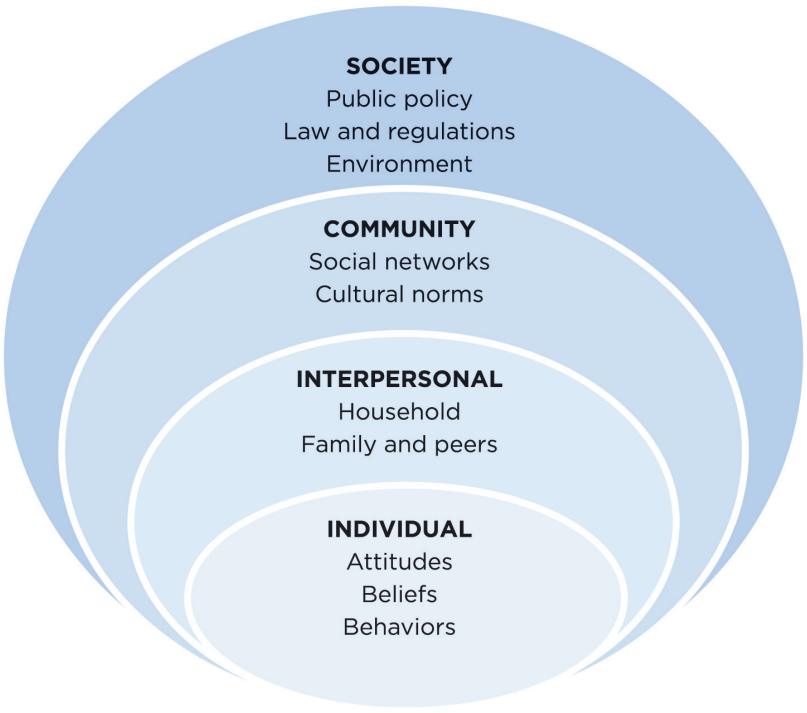
1. Collecting data on how the livelihoods and circumstances of women and men are affected by COVID-19 and its associated restrictions on movement, including examining the impact of the disruption of essential and lifesaving SRH and GBV services on women and men.
2. Identifying appropriate program interventions to improve the well-being of women and men, including robust recovery and resilience efforts.
3. Identifying messages that can be used for advocacy purposes to improve the well-being of women and men.

17 Emergency Appeal: Malawi.

2. CONCEPTUAL FRAMEWORK

This survey work can be viewed through the lens of the socio-ecological model (SEM) as the conceptual model that informs this rapid gender assessment. Individuals do not think, work, or act in isolation, but rather within levels of interacting spheres of influence.[18] These influences range from the individual level, to the interpersonal, community, and societal levels. SEM is often cited as the theoretical underpinnings of much work in the global health world.

An adaptation of SEM is visualized below.



This survey assesses factors at the individual, interpersonal, community, and societal levels. There are key indicators that focus on individual experiences, with others concentrating on the household level, and yet another group of indicators that are aimed at the larger community and societal levels. The questionnaire is primarily aimed at assessing individual and interpersonal (household) level questions.

At the individual level, this survey asks about basic sociodemographic information, such as marital status and education levels. It also evaluates personal economic activities,

18 https://borgenproject.org/social-ecological-model/

health-seeking behaviors and health services accessed. At the household level, the survey measures household expenditure and assesses dynamics such as chores and caring for others. The survey also evaluates feelings on safety in the community at the community level and explores perceptions on the prevalence of GBV in the country at the larger, societal level.

The survey explores all these parameters through the lens of COVID-19 and its impact on the personal, interpersonal, communal, and societal aspects of life.

3. METHODOLOGY

3.1 Questionnaire and approach

The study was conducted in the context of a UN Women global effort to increase availability of data on the gendered impacts of COVID-19. Given the nature of the pandemic and difficulties associated with collecting quality statistical data using statistically sound methodologies, UN Women East and Southern Africa Regional Office (ESA-RO) conceptualized a uniform data collection methodology for rapid gender assessments (RGAs) across the region. GEOPOLL was appointed as service provider for Malawi and undertook data collection using computer-assisted telephone interviewing, (CATI), data analysis, and report writing for the survey.

UN Women ESA-RO and the Kenya Country Office (CO), in partnership with UNFPA and other partners, developed an omnibus of generic questions for the CATI RGAs on COVID-19. These generic questions used the question omnibus that was developed for the global study by UN Women Head Quarters in New York as a basis, and also benefited from inputs and comments from GEOPOLL, who was also the service provider for the first RGA, which was carried out in Ethiopia. The Malawi steering committee revised and customized the two generic questionnaires to the local context. The CO was closely involved in monitoring data collection through weekly update meetings and assisting to capture locally relevant issues.

The complete survey covers a broad range of topics and was split into two questionnaires to fit into the 20-minute interview time limit and to minimize respondent fatigue. These two questionnaires are:

1. **Questionnaire I:** This questionnaire includes demographics, economic activities, agriculture, and education.
2. **Questionnaire II:** This questionnaire includes demographics, contextual questions related to GBV such as changes in economic activities and income, health, human rights, safety and security, and GBV.

Copies of the two questionnaires can be found in Annexure 1. The Malawi survey made use of both these generic questionnaires, with slight adaptations where some question options were changed to better reflect the local situation and where modifications and improvements were recommended by GEOPOLL. The total interview length for each of the questionnaires is 15–20 minutes. None of the questionnaires have any open-ended questions, but rather multiple-choice and scale-based answers. The service provider made use of direct random dialing and applied the sample quotas listed below to the selection of respondents. When the response/identification rate of individuals – particularly older women based in rural areas – became too low, an existing database was used to fill the gaps in the quota framework.

3.2 Sample

The study was based on a sample of 2,481 women and men aged 18 years and older for Wave 1, and 2,402 for Wave 2, that were obtained through a process of random direct dialing. The sample was composed in such a way that it conformed to predetermined quotas that were representative of the population by age, sex, and location. Soft quotas were applied post-collection by rural/urban and living standards measure. With a sample size of n=2,481 and n=2,402, the margin of error is +/-2.0% at 95% confidence level for reporting at national level. This makes the survey representative of mobile phone owners but adjusted to the demographics of the population by age, sex, and location. A demographic panel was used for the two questionnaires. Firstly, Questionnaire I was administered to the sample of n=2,481 individuals as described in the previous paragraph. The respondents were then asked whether they were willing to participate in a second interview. Once they agreed, an appointment was made for a convenient time and the second interview was conducted accordingly. In the case of a decline for a second interview, the individual was replaced with a new sampled respondent that had similar demographic characteristics to the individual originally interviewed. As mentioned, the researchers administered the questionnaire for Wave 2 to 2,402 respondents. Even though all efforts were made to ensure that the sample was representative of the population of Malawi, the findings suggest potential biases in the sample of women, towards socio-economically better-off women. The measures used to determine socio-economic status were evidently not strong enough.

3.3 Ethical and safety considerations

The study was executed in such a way that confidentiality and anonymity were guaranteed. Ethical and safety principles were followed to ensure that no additional harm, risk, or distress was imposed on women and men who took part in the data collection, which was conducted remotely. Informed consent was obtained from each participant. Respondents were also provided with GBV helpline contact details in the event that they needed to contact them. The survey process also safeguarded the safety of interviewers. Recommended anti-COVID-19 barrier behaviors amongst teams of interviewers were observed to avoid any risk of contamination and virus transmission. Working hours were in accordance with curfews if implemented in a specific country.

3.4 Analytical focus of the CATI RGA on COVID-19

Research analysis and recommendations focus on highlighting the needs and impact of the COVID-19 outbreak on women and men aged 18 years and older, but particularly focus on disadvantaged groups of women, such as women living in rural areas and women of different age groups. Unfortunately, the sample size is too small to allow for adequate measurement and disaggregation of data by disability status.

Data was analyzed using Excel and SPSS software and weighted to better reflect the general population of Malawi and align with the initial sampling frame. Descriptive statistics and disaggregated frequencies, by sex and age group were conducted. Data was visualized using Excel and is summarized in the following section.

4. RESULTS

4.1 Demographics

Wave one data was collected from November 5, 2020 to December 1, 2020 and Wave 2 data was collected from November 25, 2020 to December 18, 2020. Table 1 details various wave one demographic variables – age group, region lived, area lived, marital status, education level, monthly household spending, and languages spoken – by sex and weighted status of the data. A total of 2,481 participants participated in the survey about 50% of whom were women and about 50% of whom were men. It is worth noting that the study did not include questions on sexual orientation, but that the question on sex had three categories: woman, man, and other. However, none of the respondents identified as 'other' and the tables consequently only have two categories. While both unweighted and weighted percentages are presented in this table to demonstrate the extent to which the sample mirrors the population profile of the country, the rest of the findings will only present weighted percentages.

Table 1: Unweighted and weighted demographics, by sex for Wave One data

	Unweighted		Weighted	
Indicator	**Women**	**Men**	**Women**	**Men**
	(N=1,212)	**(N=1,269)**	**(N=1,225)**	**(N=1,176)**
Age group				
18–34	755 (62%)	753 (61%)	771 (63%)	741 (63%)
35–54	334 (28%)	386 (29%)	335 (27%)	309 (26%)
55+	123 (10%)	130 (10%)	119 (10%)	126 (11%)
Area lived				
Rural	694 (57%)	826 (65%)	701 (57%)	762 (65%)
Urban	515 (42%)	442 (35%)	521 (43%)	414 (35%)
Household head				
Yes	544 (45%)	1120 (88%)	548 (45%)	1031 (88%)
No	668 (55%)	148 (12%)	678 (55%)	144 (12%)
Marital status				
Married	753 (62%)	1071 (84%)	762 (62%)	983 (84%)
Living with partner/cohabiting	4 (0.3%)	4 (0.3%)	4 (0.3%)	4 (0.3%)
Married but separated	91 (8%)	14 (1%)	92 (8%)	13 (1%)
Widowed	102 (8%)	6 (0.5%)	101 (8%)	6 (0.5%)
Divorced	58 (5%)	5 (0.4%)	59 (5%)	5 (0.4%)
Single [never married]	202 (17%)	164 (13%)	206 (17%)	161 (14%)

Table 1: Unweighted and weighted demographics, by sex for Wave One data (concluded)

Indicator	Unweighted		Weighted	
	Women (N=1,212)	Men (N=1,269)	Women (N=1,225)	Men (N=1,176)
Educational level				
No formal education	60 (5%)	65 (5%)	60 (5%)	59 (5%)
Some primary school	313 (26%)	289 (23%)	315 (26%)	264 (22%)
Completed primary school	139 (11%)	167 (13%)	140 (11%)	152 (13%)
Some secondary school	278 (23%)	307 (24%)	282 (23%)	286 (24%)
Completed secondary school	224 (18%)	277 (22%)	227 (19%)	261 (22%)
Technical & vocational training	13 (1%)	26 (2%)	13 (1%)	24 (2%)
Completed university/college	154 (13%)	115 (9%)	156 (13%)	109 (9%)
Completed graduate	29 (2%)	22 (2%)	29 (2%)	21 (2%)
Language spoken				
English	5 (0.4%)	6 (0.5%)	5 (0.4%)	6 (0.5%)
Chichewa	1195 (99%)	1254 (99%)	1208 (99%)	1162 (99%)
Yao	2 (0.2%)	5 (0.4%)	2 (0.2%)	5 (0.4%)
Tumbuka	10 (1%)	4 (0.3%)	10 (1%)	4 (0.3%)

The distribution of age groups was comparable for women and men; 63% of both women and men were between 18 and 34 years of age. About a quarter of respondents (26–27%) were 35 to 54 years old and 10–11% were 55 years and older. Most respondents lived in either the central (43%) or southern (44%) regions of Malawi and only 13% lived in northern Malawi. A noticeably higher percentage of women (65%) lived in rural areas than men (57%), which conversely means a noticeably higher percentage of men (43%) than women (35%) lived in urban areas.

A substantially larger percentage of women (84%) reported being married at the time of the Wave 1 survey than did men (62%). Conversely, a noticeably larger percentage of men reported being married but separated (8%), widowed (8%), and divorced (5%) at the time of the Wave 1 survey than women (1%, 0.5%, and 0.4%, respectively). About 17% of men and 14% of women reported being single at the time of the Wave 1 survey. Distribution in education levels was fairly similar when comparing women and men. However, a slightly higher percentage of men reported completing some primary school education (26%) and completing university/college (13%) than women (22% and 9%, respectively). On the other hand, a slightly higher percentage of women

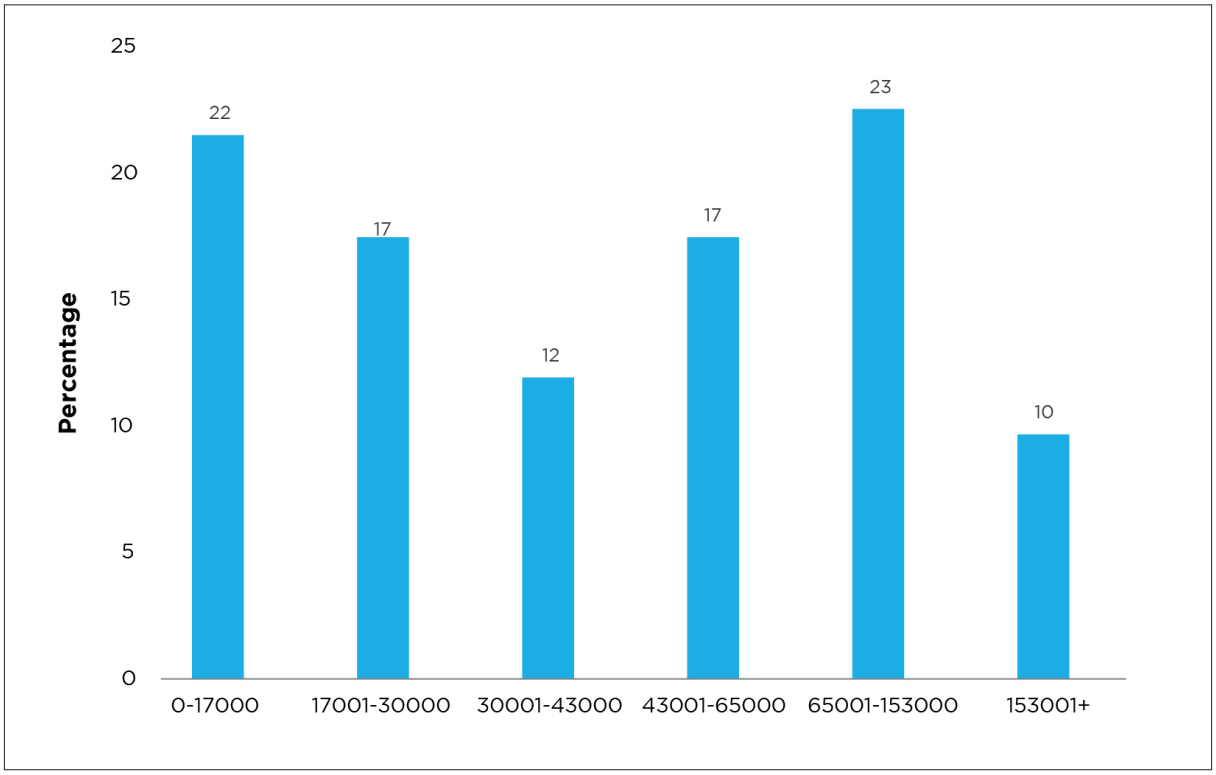
reported completing secondary school (22%) than men (19%). The most commonly spoken language reported was Chichewa, with 99% of women and men speaking this language.

4.2 Economic activities and livelihoods

While average monthly household spending is distributed similarly when comparing men to women, it is also not so evenly distributed across spending groups, as can be seen in Figure 1.

About a quarter of respondents (22%) report spending 0–17,000 Kwacha[19] per month and about another quarter (23%) report spending 65,001–153,000 Kwacha a month, suggesting quite a range in average monthly spending for respondents. The smallest percentage of respondents (10%) reported spending 153,001 or more a month.

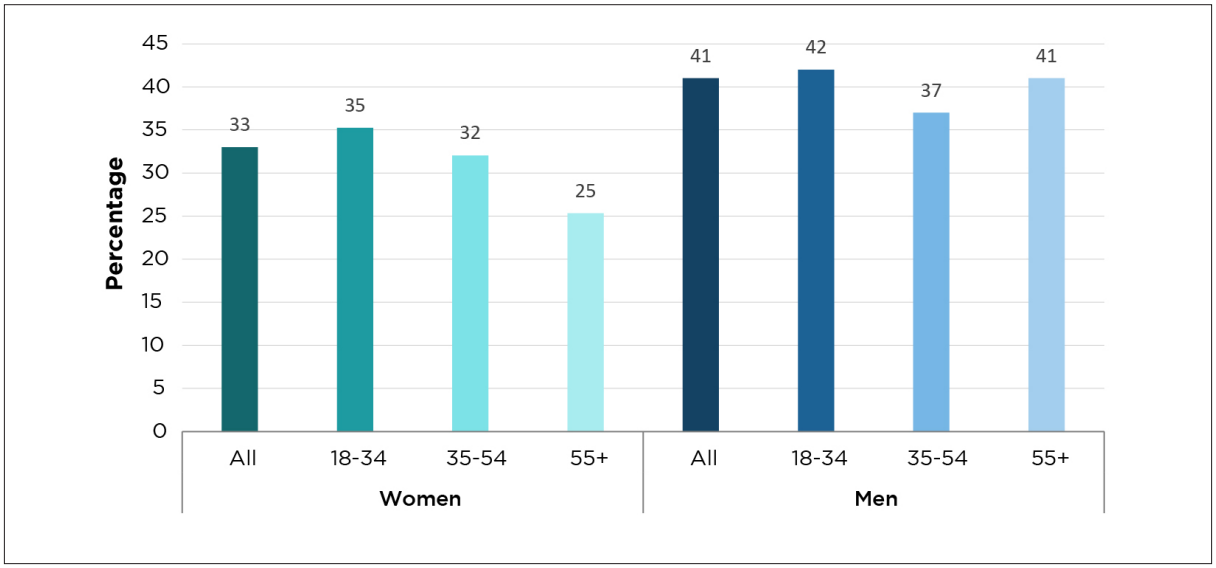
Figure 1: Distribution of monthly spending in Kwacha across spending group



When asked if their household was providing financial or in-kind support to other family members that are not usually supported as a result of COVID-19, a noticeably higher percentage of men (41%) than women (33%) reported providing such support as shown in Figure 2. When comparing age and sex groups, the biggest discrepancy between women and men is in the 55 years and older age group, where 41% of men aged 55 years and older reported financially supporting others as a result of COVID-19 compared to a much lower 25% of women aged 55 years and older.

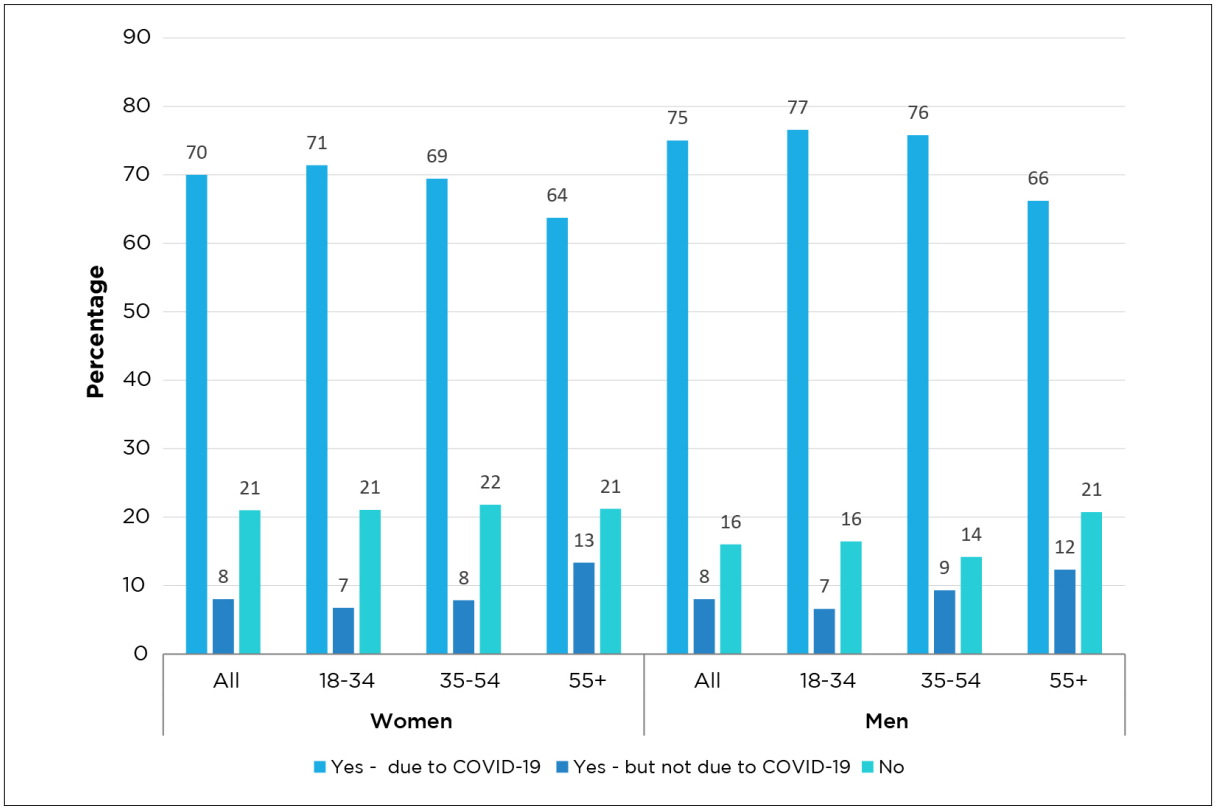
19 1 USD = 770 MWK *(https://www.exchangerates.org.uk/USD-MWK-05_12_2020-exchange-rate-history.html)*

Figure 2: Provided financial support for others due to COVID-19, by sex and age group



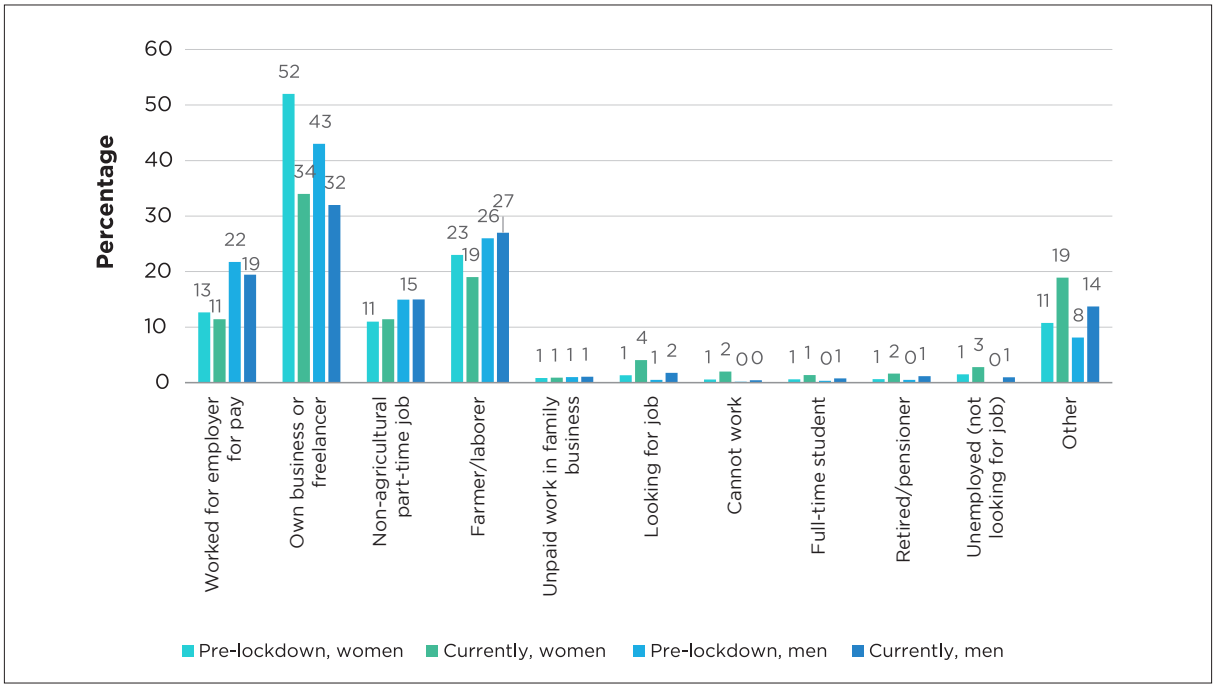
COVID-19 and the associated restrictions on movement impacted on economic activities in many countries. The graph below shows how women and men in Malawi were affected when comparing the period before March 2020 with the period when the survey was conducted (Q4).

Figure 3: Economic activities changed during COVID-19, by sex and age group



Respondents were first asked to describe their personal economic activities before COVID-19 and were then asked to describe their personal economic activities after COVID-19 hit; these results—comparing pre-COVID-19 economic activities to economic activities during COVID-19 among women and men — are shown in Figure 4. As is evident, a much higher percentage of men worked for an employer or for pay compared to women – both pre COVID-19 (22% compared to 13%, respectively) and after the onset of COVID-19 (19% compared to 11%, respectively); however, the percentage difference between women and men who were employed and working for pay did not noticeably change from before COVID-19 to after COVID-19 hit (8–9%). Also, of note is that before COVID-19 a much higher percentage of women reported owning a business or freelancing (52%) compared to men (43%); this is a 9%-point difference. However, after the onset of COVID-19, this difference became negligible (2% points) with 34% of women and 32% of men who reported owning a business or freelancing.

Figure 4: Pre-COVID-19 compared to current economic activities, by sex[20]



About 13 to 16% of women and men reported participating in business or freelance activities before the COVID-19 and during COVID-19 that were informal and/or not registered with the government.

Although a large portion of both women and men reported that their personal economic activities changed as a result of COVID-19, a meaningfully higher percentage of men (75%) reported that their personal economic activities had changed as a result of COVID-19 compared to women (70%). Similar percentage changes in economic activities as a result of COVID-19 for women and men are observed among those aged 55 years and older (69% and 64%, respectively). However, a higher percentage of men aged 18 to 34 years (77%) and men aged 35 to 54 years (76%) reported a change in income as a result of COVID-19 than their women counterparts (71% and 69%, respectively). This contrast is illustrated in Figure 5.

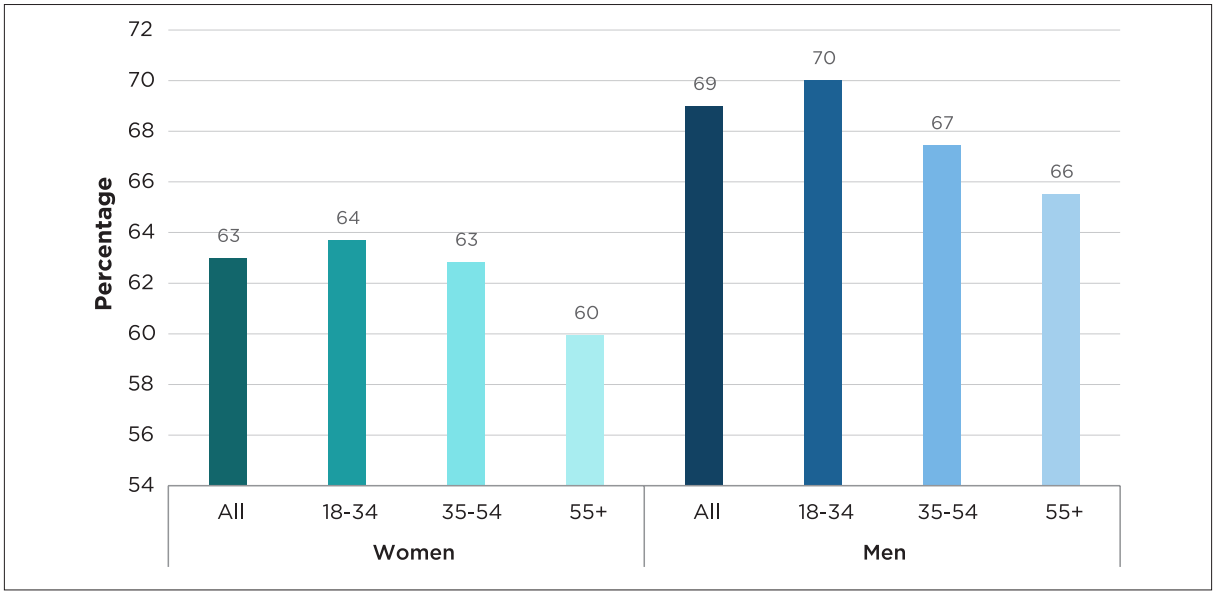
20 Values of 0 reflect small percentages that became 0 when rounded.

Figure 5: Changes in individual income since COVID-19, by sex and age group

On a related note, while about a three-quarters of men (76%) and women (73%) reported a decline in personal income since the onset of the pandemic, only a small percentage of participants (1% of women and men) reported an increase in personal income or losing all income (1% of men and 2% of women). These differences were similar across age groups.

A noticeably higher percentage of men (69%) reported changes in the combined income for all household members since the onset of COVID-19 compared to women (63%). This difference was similar across age groups as well.

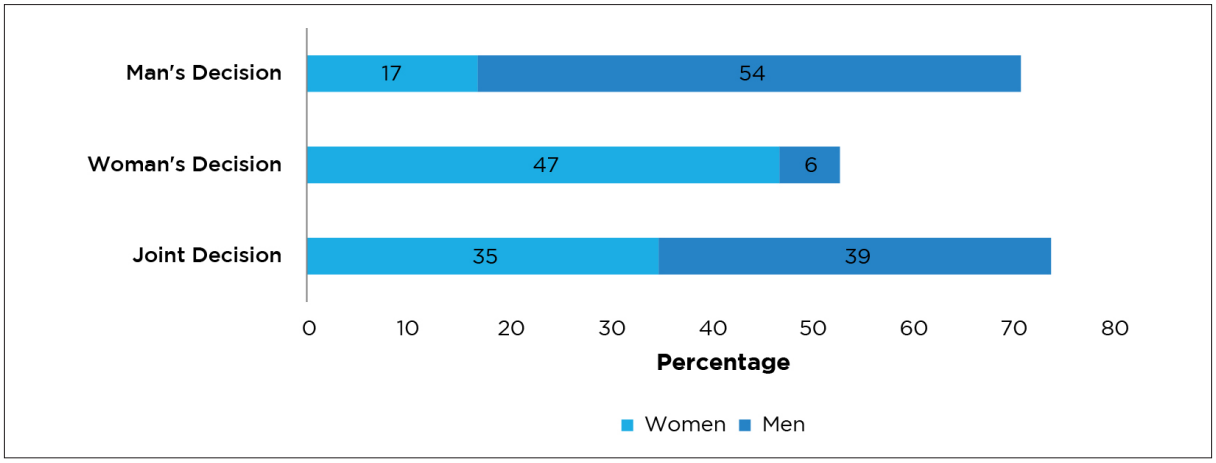
Figure 6: Changes in combined household incomes since COVID-19, by sex and age group



Furthermore, of those who reported changes in combined incomes of all household members since the onset of COVID-19, almost all men (99%) and women (98%) reported that the change was a decrease in combined income. Only 1-2% of women and men who reported a change in combined incomes since COVID-19 reported an increase in income.

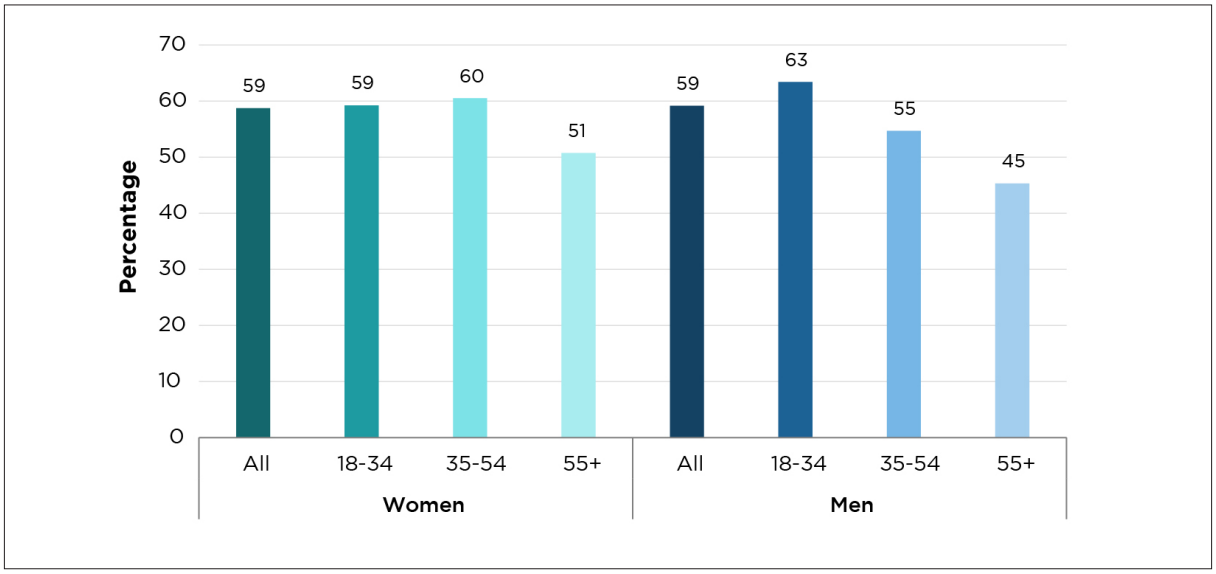
When respondents were asked who in their household is the main decision-maker, a slightly higher percentage of men (39%) than women (35%) reported that the decision-making was jointly conducted between female and male household members. Interestingly, a significantly higher percentage of women (47%) than men (6%) identified a woman in their household as the decision-maker (this included women respondents who identified themselves as the decision-maker). It is also quite fascinating that a much higher percentage of men (54%) than women (17%) identified a man in their household as the decision-maker (this included men respondents who identified themselves as the decision-maker). This is illustrated in Figure 7. No respondents (0%) reported a non-household member as being the decision-maker.

Figure 7: Identified household decision-maker, by sex



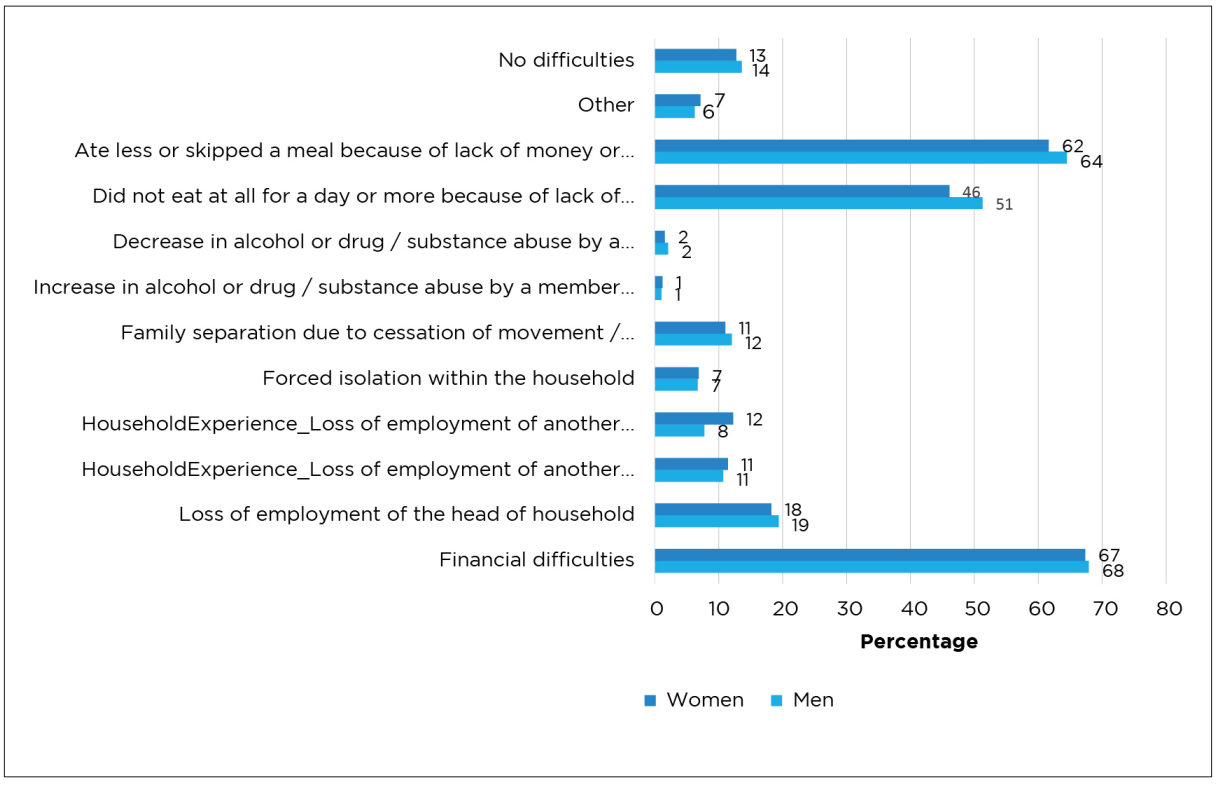
While ownership of personal income initially seemed the same for women and men (59% for both women and men), it becomes clear there are noticeable differences when looking across age groups, as shown in Figure 8. When looking at respondents aged 18 to 34 years old, a slightly higher percentage of men (63%) than women (59%) reported having and controlling their own income. However, when looking at those aged 35 to 54 years, a noticeably higher percentage of women (60%) than men (55%) reported having and controlling their own income. For respondents aged 55 years and older, a higher percentage of women (51%) than men (45%) reported having and controlling their own income.

Figure 8: Respondents who have and control their own income, by sex and age group



The distribution of respondents' experiences since the onset of COVID-19, was similar for women and men. The most common experiences that resulted from COVID-19 were financial difficulties (68% and 67%, respectively), ate less or skipped a meal because of lack of money or other resources (64% and 62%, respectively), and did not eat at all for a day or more because of lack of money or other resources (51% and 46%, respectively).

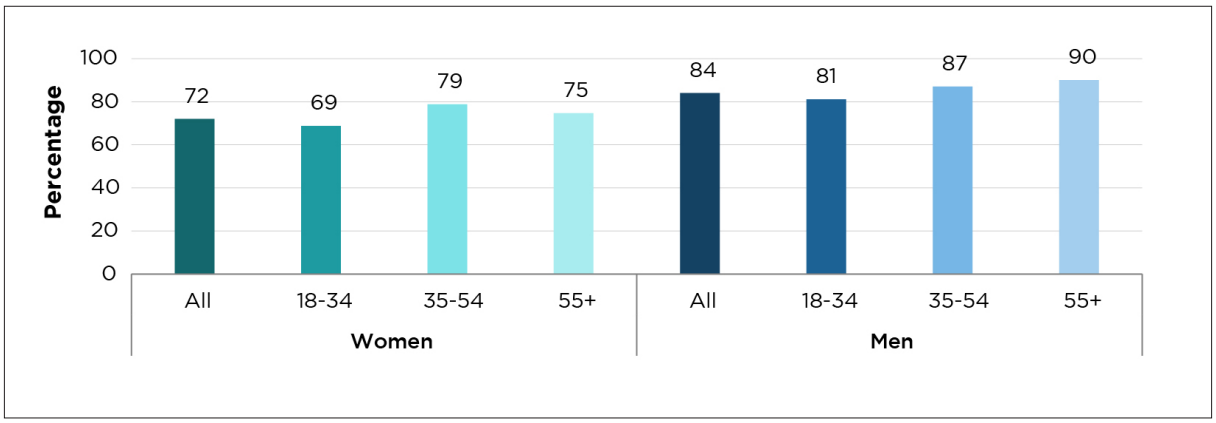
Figure 9: Respondent experiences since the onset of COVID-19, by sex



4.3 Agricultural activities and food security

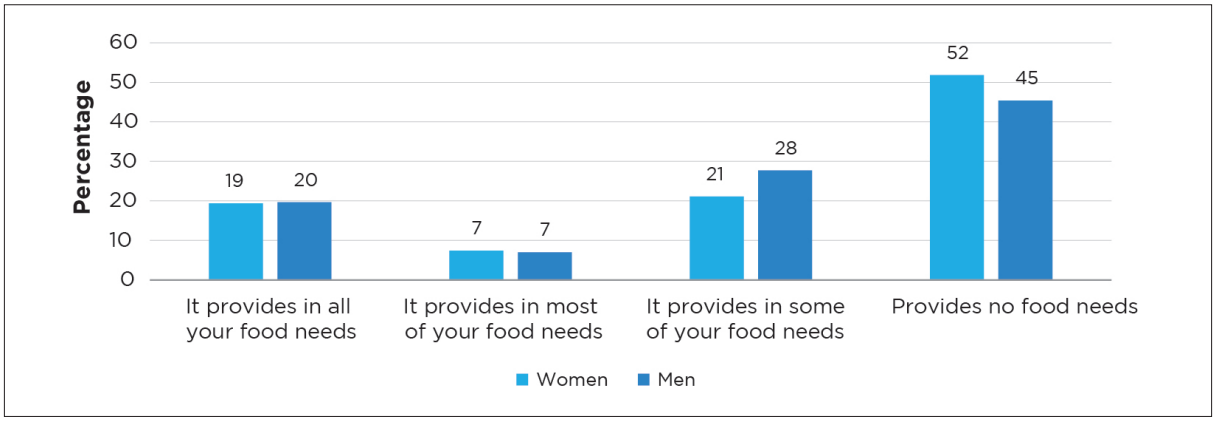
While high percentages of both women and men lived in households that produced crops and livestock (i.e., fish farming, poultry, and other stock), a much higher percentage of men (84%) reported this than women (72%) on average. Comparing different age groups, similar differences were seen across these age groups, as is demonstrated below in Figure 10.

Figure 10: Food produced by household, by sex and age group



When examining the extent to which food produced by the household usually provides for household needs, about half of men (52%) and women (45%) reported that it provides no food needs for the household. While about the same percentage of men (20%) and women (19%) reported that food produced by the household provided for all household needs, a noticeably higher percentage of men (28%) than women (21%) reported that it provided for some household food needs. This can be seen in Figure 11.

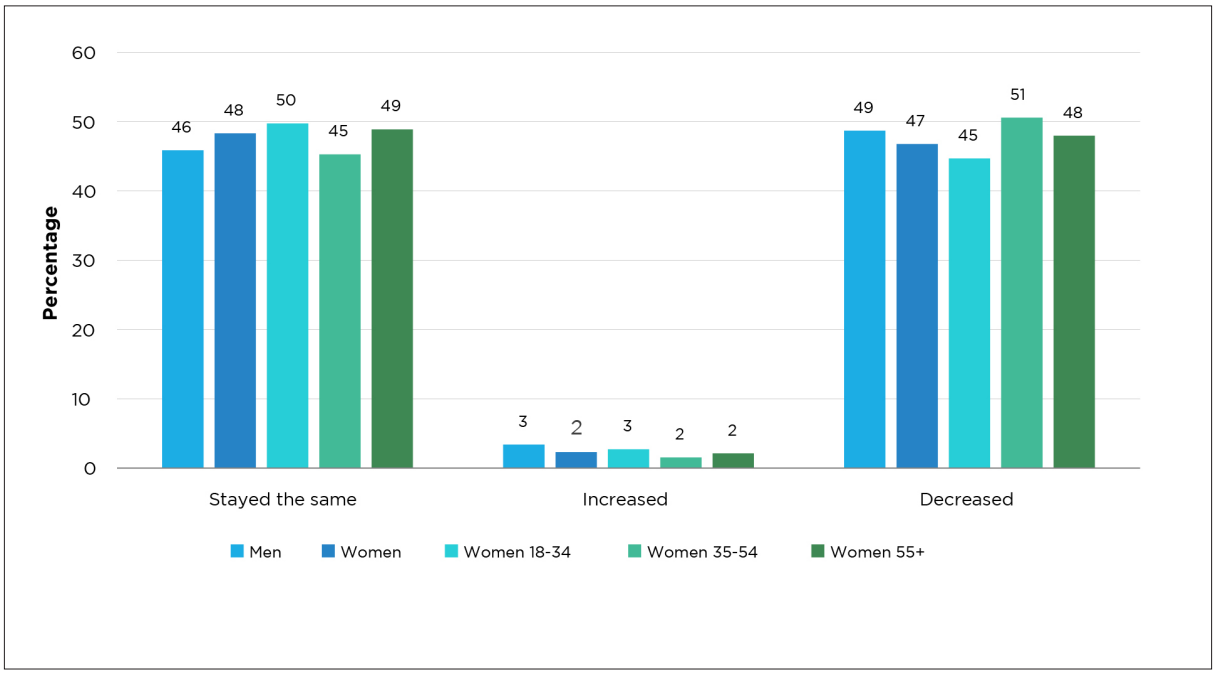
Figure 11: Extent to which food produced by household provides for household needs, by sex



Both women and men reported similar levels of perceived changes in the availability of seed and other inputs to plant crops since the onset of COVID-19. About 46% of men and 48% of women thought there was no change in availability. A small percentage of men (3%) and women (2%) thought the availability of seeds and other inputs had increased since the onset of COVID-19.

Additionally, 47% of women and 49% of men thought that the availability of seeds and other inputs had noticeably decreased since the onset of COVID-19. Figure 12 highlights this distribution among women.

Figure 12: Changes in seed/input availability for women and men since the onset of COVID-19, by age group (women)



When asked whether respondents felt their ability to purchase seeds and other inputs had changed since the onset of COVID-19, 34% of women and 32% of men reported no change in ability to purchase these inputs. Additionally, only 4% of men and 3% of women reported an increase in the ability to purchase seeds or other inputs. Noticeably more respondents (62% of women and 63% of men) thought their ability to purchase inputs had decreased since the onset of COVID-19. The distribution of perceived ability to purchase such inputs is visualized in Figure 13.

When asked how the availability of the food that respondents usually bought at local markets or shops had changed since the onset of COVID-19, women and men had similar answers overall. Of note is that 39% of men compared to 42% of women thought the availability had stayed the same, 9% of men compared to 7% of women thought the availability had increased, while 46% of men and 48% of women thought the availability had decreased since the onset of COVID-19. Figure 14 shows these perceived changes in food availability among women and men of different age groups.

When examining respondents' perceived changes in food prices since the onset of COVID-19, distribution was similar among women and men. Most women (61%) and men (57%) thought the price had increased, while 34% of men and 32% of women thought the price had stayed the same. Only 8% of men and 6% of women thought the price of food had changed since the onset of the COVID-19. However, we see significant differences when looking across age groups for women.

Figure 13: Changes in ability to buy seed/input since the onset of COVID-19, by sex and age group

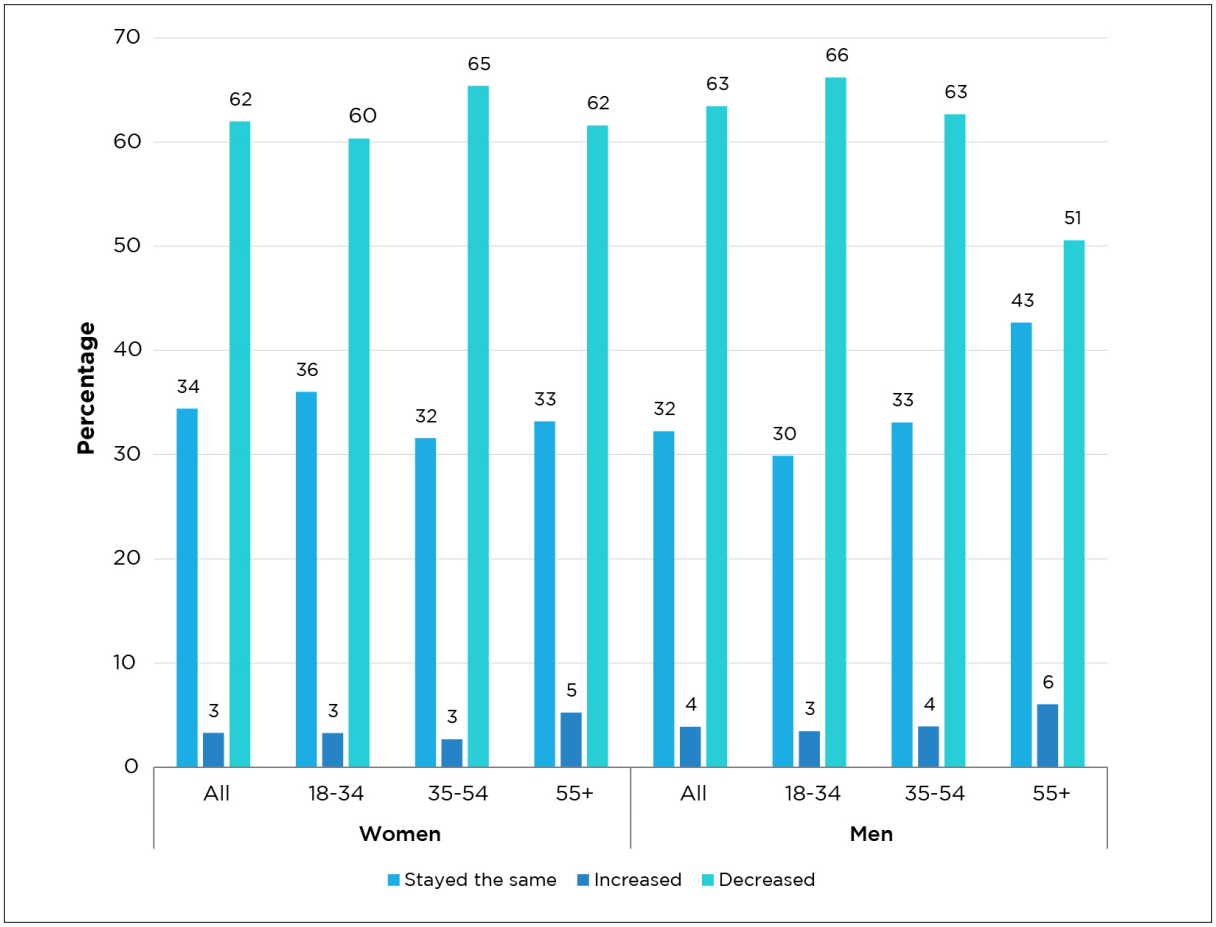
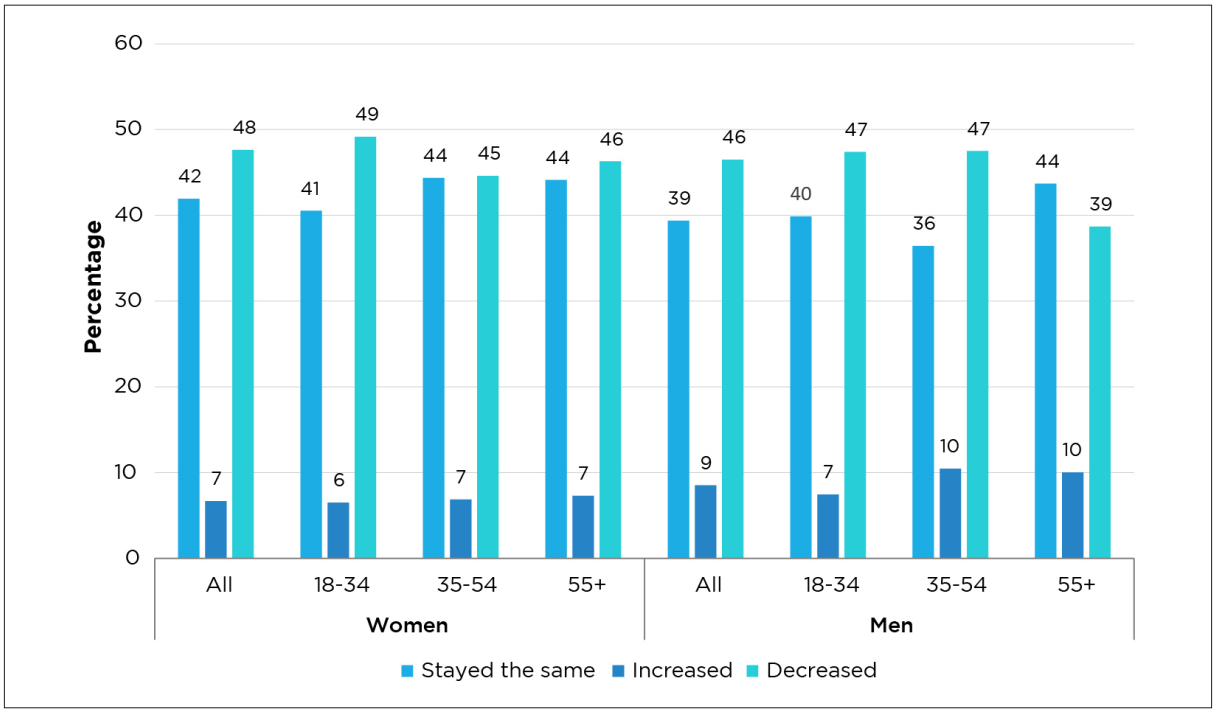
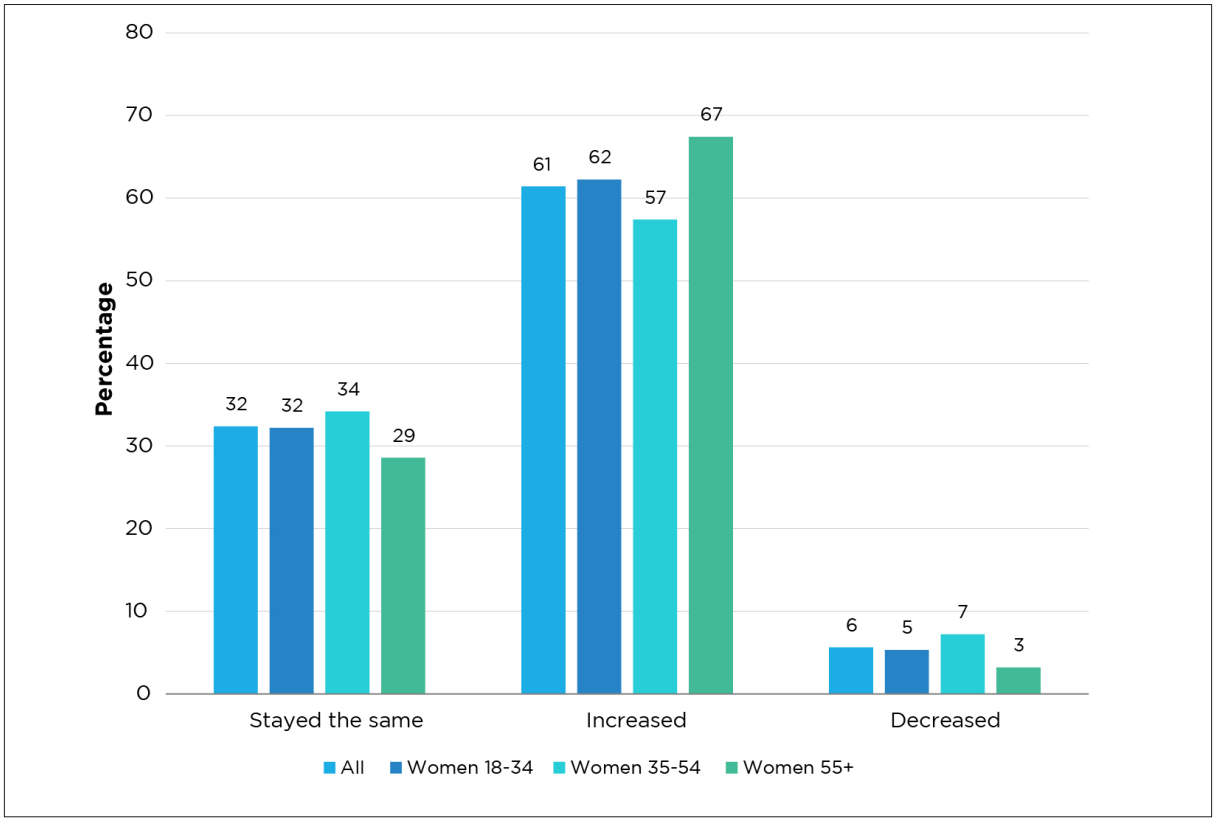


Figure 14: Changes in food availability since the onset of COVID-19, by sex and age group



A noticeably higher percentage of women aged 55 years and older (67%) thought the prices of food had increased than those aged 18 to 34 years (62%) and those aged 35 to 54 years (57%). Furthermore, a slightly higher percentage of those aged 35 to 54 years thought the price of food had either decreased (7%) or stayed the same (34%) compared to those aged 18 to 34 years (5% and 32%, respectively) and those aged 55 years and older (3% and 29%, respectively). This is illustrated in Figure 15.

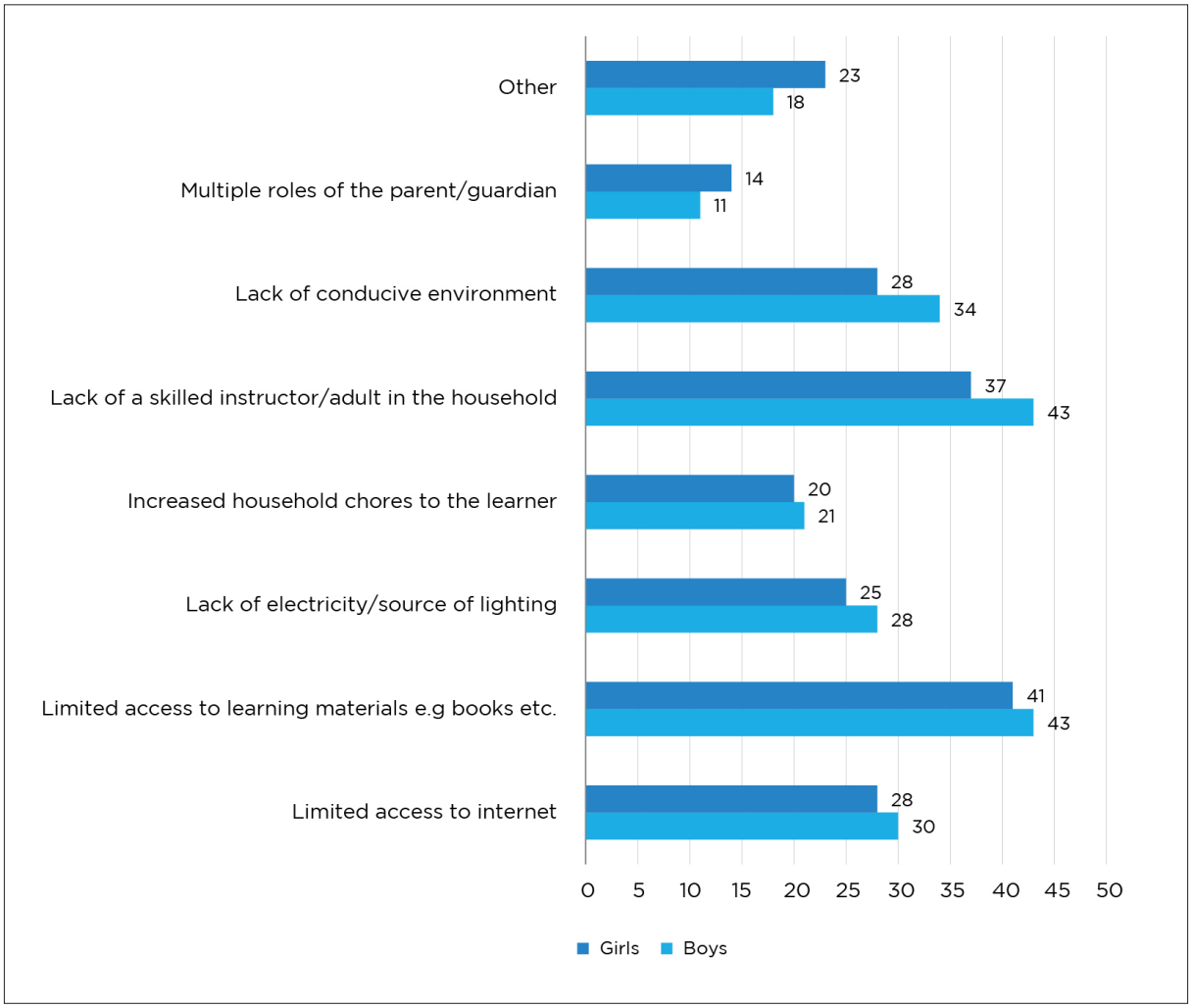
Figure 15: Perceived change in food prices since the onset of COVID-19 amongst women by age group



4.4 Education

When considering education among children in Malawi, data was assessed cumulatively to include women and men, separately comparing women and men' answers, and across age groups. Respondents were asked what challenges girls and boys aged 7 to 18 years old in their household were faced with while learning at home since the onset of the COVID-19 pandemic. Responses by sex can be seen in Figure 16. While distribution was similar when comparing women and men, respondents reported the biggest challenges for boys and girls were both limited access to learning materials (41% and 43%, respectively) as well as lack of skilled instructors or adults in the household (37% and 43%, respectively).

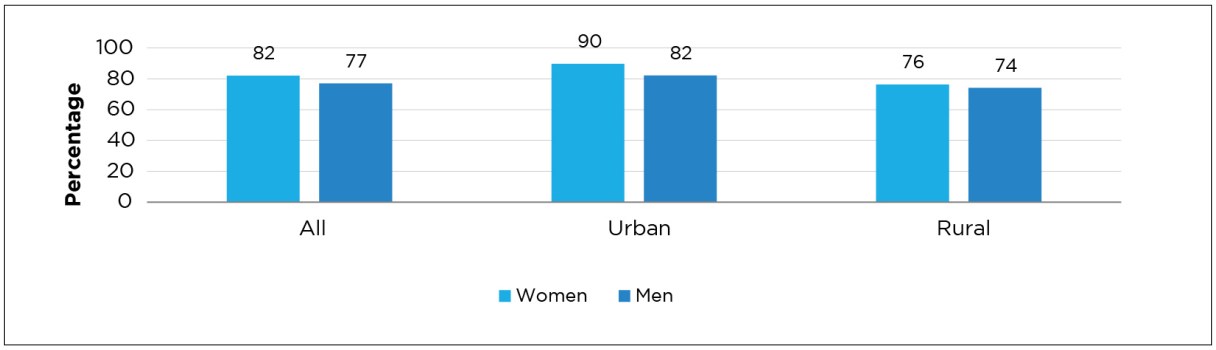
Figure 16: Challenges faced by child learners while studying from home, by sex



4.5 Water and sanitation

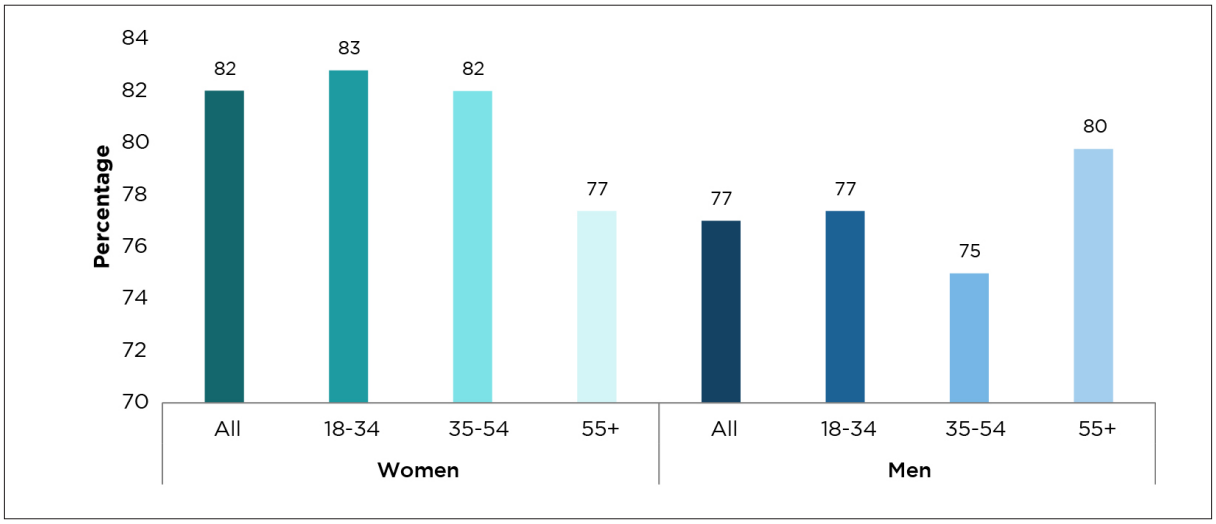
The percentage of respondents who reported access to clean and safe water was noticeably higher for women (82%) than for men (77%). This is shown in Figure 17.

Figure 17: Access to clean and safe water, by sex and location



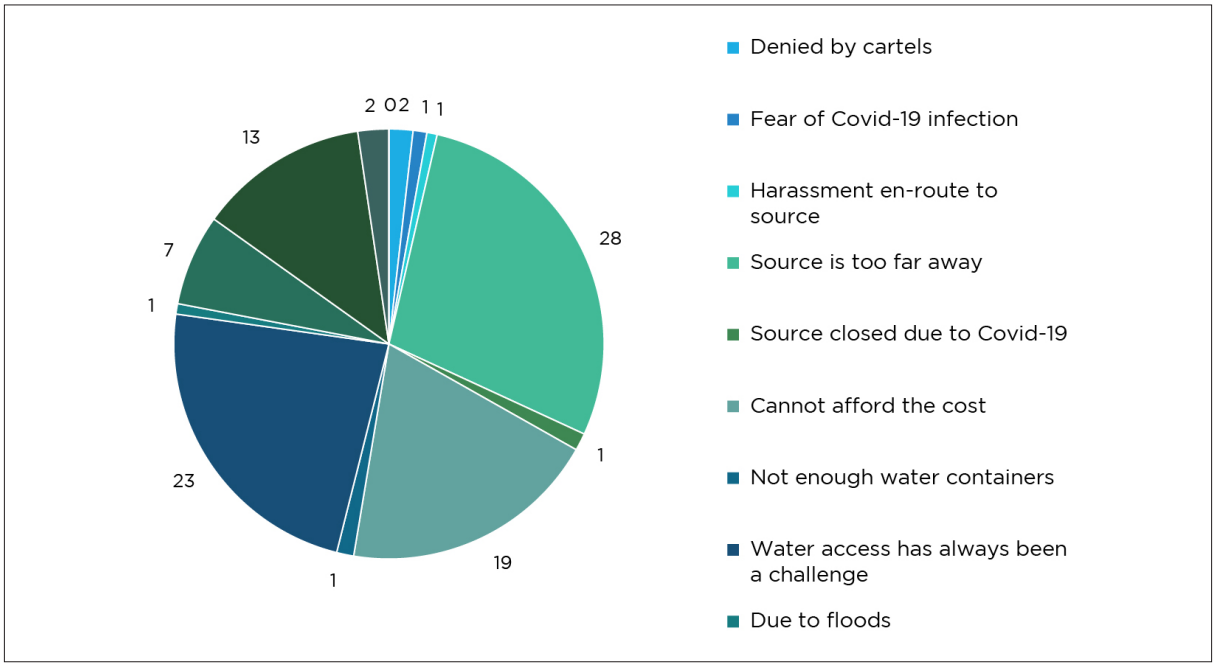
Also of note is that, among women, a lower percentage of those aged 55 years and older (77%) reported having access to clean water than those aged 18 to 34 years (83%) and those aged 35 to 54 years (82%).

Figure 18: Access to clean and safe water of women, by age



About 20% of men and 17% of women felt their household water was insufficient. This difference was similar across age groups.

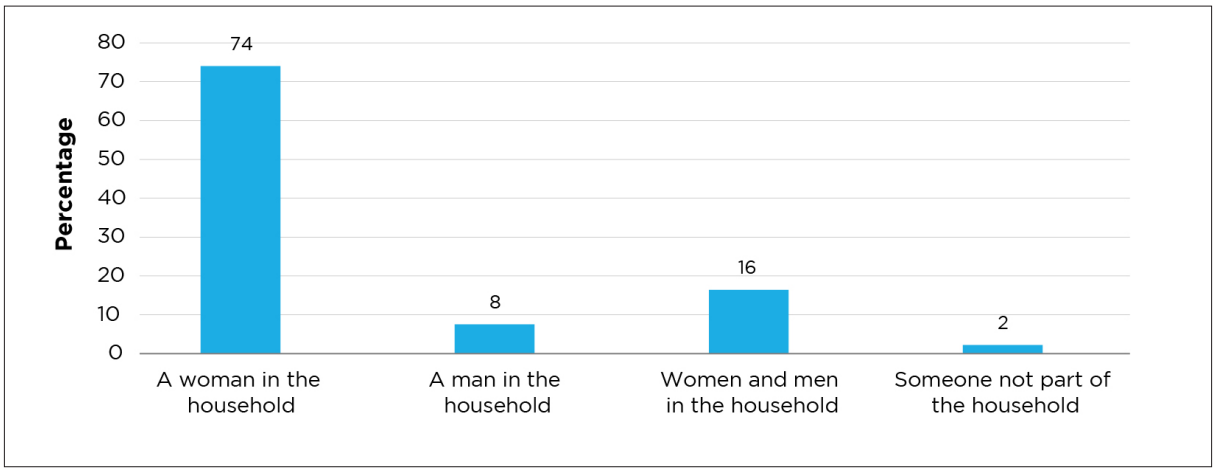
Figure 19: Reasons given by women for limited access to clean and safe water[21]



21 Percentages reported as 0 do not mean no cases were reported but rather that the numbers were so small that when rounded it reflects as 0.

As can be seen in Figure 20, a woman in the household (74%) was more likely than men (8%) or women and men together (16%) to be mainly responsible for the collection of water and firewood.

Figure 20: Person responsible for collecting water and firewood



4.6 Unpaid domestic and care work before and after the pandemic

The time women spend on unpaid domestic and care work has been identified as one of the major barriers to women's economic empowerment. Malawi has never conducted a Time Use Survey and no comprehensive information is available on the time women and men spend on unpaid domestic and care activities. For this reason, the survey also included some questions aimed at establishing how much time women and men spent before COVID-19 on these activities and if any of them have been spending more time on these activities after the state of national disaster was declared.

In Tables 2 and 3,[22] the views of women and men on who spent the most time on time-use activities prior to COVID-19 were combined, because their answers differed somewhat individually, with men tending to rate their own involvement higher than what women would do. The table shows that, regarding unpaid domestic work, a woman in the household was mostly responsible for unpaid and domestic care work activities prior to the outbreak of COVID-19.

Unlike in other countries in the region, the unpaid domestic and care work of most women and men in Malawi remained largely unchanged after the onset of the pandemic. The only exception is time spent on shopping, which 49% of women and 52% of men indicated decreased during the pandemic. Even though they started from a low base, around one in ten men reported that they spent more time during COVID-19 than previously on unpaid domestic activities. However, in all cases, women were more likely than men to indicate that they spent more time on unpaid domestic activities.

22 This analysis is based on the harmonized East and Southern Africa regional dataset.

Table 2: Household member who spent the most time on unpaid domestic activities before COVID-19 and changes in time spent by women and men in unpaid domestic activities, by sex

Household member who spent most of their time on activity before COVID-19		Change in time spent since the onset of COVID-19			
Cooking, meal preparation and related activities	**Women and men %**	**Cooking and meal preparation**	**Women %**	**Men %**	**Total %**
A woman in the household	64.9	Do not usually do it	3.2	6.9	5.0
A man in the household	10.4	Increased	13.7	12.0	12.8
Women and men in the household	23.7	Unchanged	55.3	49.2	52.3
Someone not part of the household	1.1	Decreased	27.9	31.9	29.8
Cleaning		**Cleaning**			
A woman in the household	74.9	Do not usually do it	3.0	7.7	5.3
A man in the household	9.1	Increased	18.3	17.3	17.8
Women and men in the household	13.6	Unchanged	70.6	63.1	66.9
Someone not part of the household	2.4	Decreased	8.2	11.9	10.0
Shopping for household use		**Shopping for household use**			
A woman in the household	27.1	Do not usually do it	5.0	5.8	5.4
A man in the household	42.6	Increased	11.4	10.5	11.0
Women and men in the household	29.9	Unchanged	34.5	31.5	33.0
Someone not part of the household	0.4	Decreased	49.1	52.2	50.6
Collecting water and firewood		**Collecting water and firewood**			
A woman in the household	74.0	Do not usually do it	5.4	9.4	7.4
A man in the household	7.5	Increased	12.1	10.6	11.4
Women and men in the household	16.4	Unchanged	62.2	60.8	61.5
Someone not part of the household	2.2	Decreased	20.3	19.2	19.8

According to Table 2, 64.9% of the respondents indicated that a woman in the household was mainly responsible for cooking prior to the pandemic. However, since the onset of COVID-19, 13.7% of women and 12.0% of men indicated that the time they spent on cooking and meal preparation increased. Cleaning was mainly done by women in 74.9% of the cases prior to the pandemic and the time devoted to this increased for 18.3% of women and 17.3% of men during the pandemic.

The same is true for unpaid care activities (Table 3). Prior to as well as during the pandemic, women were more likely than men to engage in most unpaid care activities.

Table 3: Household member who spent the most time on unpaid care activities before COVID-19 and changes in time spent by women and men in unpaid care activities for children and adults, by sex

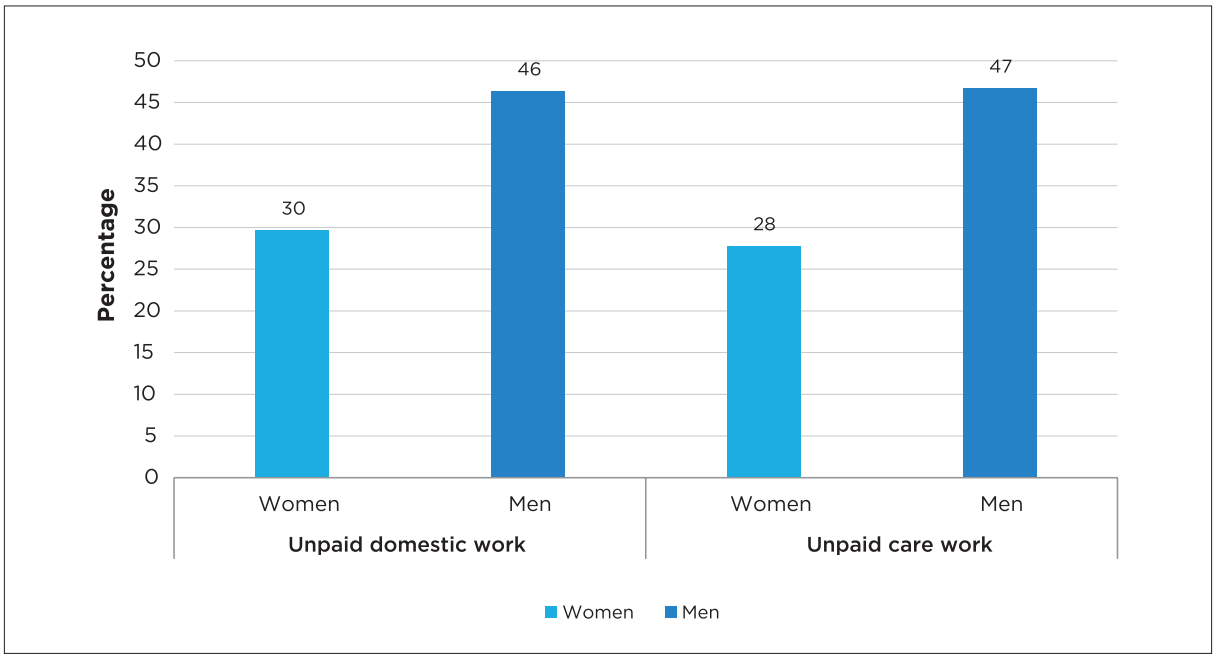
Household member who spent most of their time on activity before COVID-19		Change in time spent since the onset of COVID-19			
Activity	**Women and men %**	**Activity**	**Women %**	**Men %**	**Total %**
Passive care of children		**Passive care of children**			
A woman in the household	55.7	Do not usually do it	4.9	8.0	6.4
A man in the household	8.8	Increased	22.7	20.7	21.7
Women and men in the household	34.6	Unchanged	52.0	48.8	50.4
Someone not part of the household	0.9	Decreased	20.4	22.5	21.5
Playing/reading/stories/ etc. for children		**Playing/reading stories/etc. for children**			
A woman in the household	44.3	Do not usually do it	7.7	9.7	8.6
A man in the household	18.7	Increased	19.3	19.2	19.3
Women and men in the household	33.4	Unchanged	43.7	42.8	43.2
Someone not part of the household	3.7	Decreased	29.3	28.4	28.9
Teaching children		**Teaching children**			
A woman in the household	31.3	Do not usually do it	4.4	6.1	5.3
A man in the household	13.4	Increased	26.3	28.0	27.1
Women and men in the household	54.0	Unchanged	54.3	50.4	52.4
Someone not part of the household	1.3	Decreased	15.0	15.5	15.2
Physical care of children		**Physical care of children**			
A woman in the household	69.5	Do not usually do it	8.9	11.2	10.1
A man in the household	6.6	Increased	20.0	18.7	19.4
Women and men in the household	22.2	Unchanged	53.6	51.1	52.4
Someone not part of the household	1.7	Decreased	17.5	18.9	18.2
Physical care of adults		**Physical care of adults**			
A woman in the household	43.7	Do not usually do it	18.7	18.3	18.5
A man in the household	19.8	Increased	11.3	12.7	11.9

Household member who spent most of their time on activity before COVID-19		Change in time spent since the onset of COVID-19			
Activity	**Women and men %**	**Activity**	**Women %**	**Men %**	**Total %**
Women and men in the household	34.6	Unchanged	33.9	33.5	33.7
Someone not part of the household	1.8	Decreased	36.1	35.6	35.9
Assist other adults with admin and accounts		**Assist other adults with admin and accounts**			
A woman in the household	33.6	Do not usually do it	20.1	18.7	19.4
A man in the household	28.2	Increased	12.3	11.8	12.0
Women and men in the household	36.1	Unchanged	33.6	34.3	33.9
Someone not part of the household	2.1	Decreased	34.1	35.2	34.6
Emotional support of adults		**Emotional support of adults**			
A woman in the household	34.4	Do not usually do it	9.7	10.2	9.9
A man in the household	29.1	Increased	12.3	12.8	12.5
Women and men in the household	35.2	Unchanged	40.8	40.8	40.8
Someone not part of the household	1.3	Decreased	37.3	36.3	36.8

Examples from Table 3 include the fact that 69.5% of respondents indicated that women were mainly responsible for the physical care of children prior to the pandemic. However, during the pandemic, 20.0% of the women and 18.7% of the men interviewed experienced increases in the time they spent on physical care of children. In the same way that relatively few women and men reported increases in unpaid domestic work activities, relatively few also said that their unpaid domestic care activities increased. Most respondents said that these activities either stayed the same or decreased during the pandemic. Time spent playing with and reading for children, taking physical care of adults, assisting adults with administration, and providing emotional support to adults was more likely to decrease than increase during the pandemic. The only unpaid care work for which approximately 2 in 10 women and men reported increases after the onset of the pandemic were playing/reading, physical care and teaching children.

The analysis in Figure 21 summarizes changes for women and men in unpaid domestic and care work since the onset of COVID-19. An increase is registered when a woman or a man indicated that at least one of their unpaid domestic or care activities had increased.

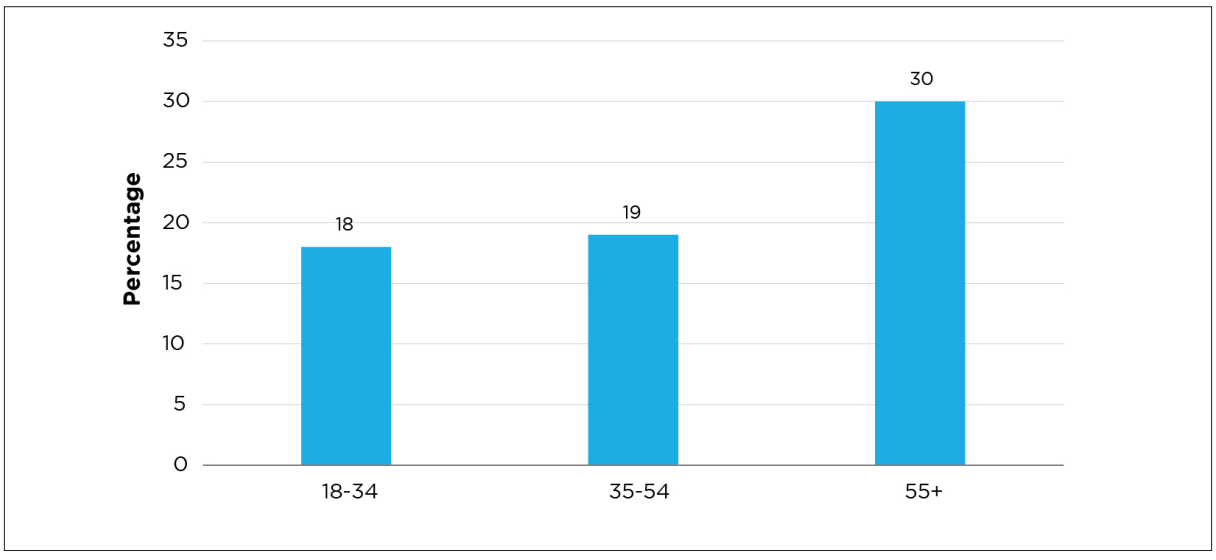
Figure 21: Percentage women and men who said that their unpaid domestic and care work increased during the pandemic



4.7 Help with household chores

A small but noticeably higher percentage of women (20%) than men (15%) reported getting help for chores and caring for other family members from persons outside their household. While this percentage relatively holds across different age groups for men, a substantially higher percentage (30%) of women aged 55 years and older reported receiving help for chores and caring for others than women in any other age group (18–19%) as depicted in Figure 22.

Figure 22: Percentage women who receive help with chores and caring for other family members or non-household members



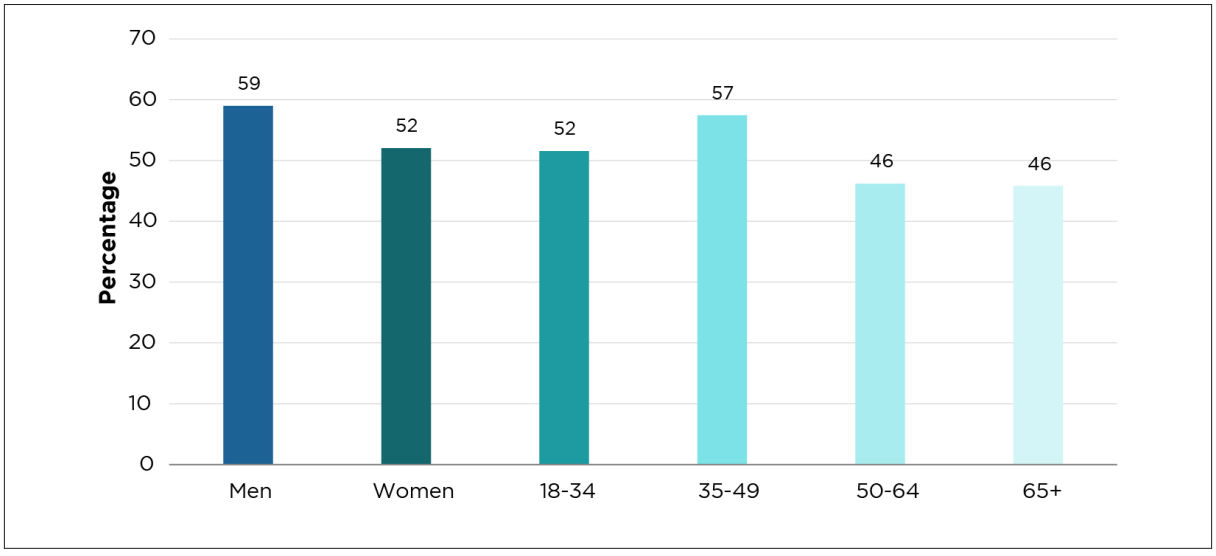
When asked who helped with chores and providing care for others in the household, the top three persons identified by women and men were other family members (41% and 46%, respectively), a person outside of the family (domestic worker, babysitter, or nurse; 28% and 22%, respectively), and daughters (14% and 20%, respectively).

Respondents who mentioned hiring help from a domestic worker, babysitter, or nurse were asked how the situation with their hired help has changed since the onset of COVID-19. Most men (64%) and women (68%) reported receiving less help, whereas 14% of men and 16% of women reported receiving more help.

4.8 Mental health

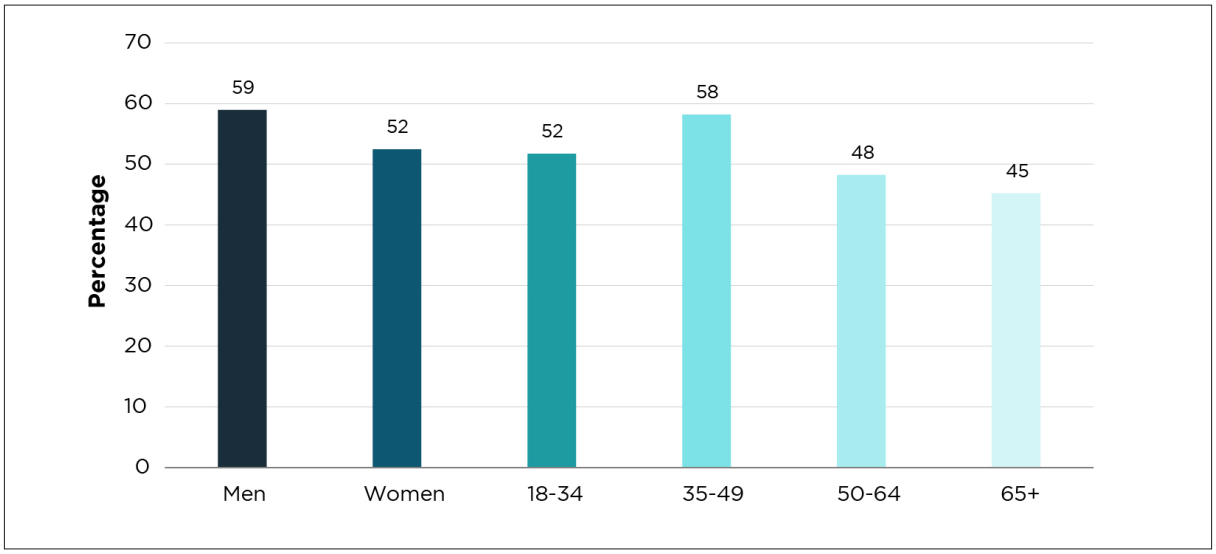
COVID-19 took a toll on mental health – something common the world over. More than half of the women (52%) and men (59%) interviewed in Malawi indicated that the pandemic has had a negative impact on their mental or emotional health (Figure 23). Among women, the age group most affected was the 35–49-year age group (57%), while the 50–64 and 65+ age groups were less likely to be affected than the 35–49-year age group (46%).

Figure 23: Respondents who felt that COVID-19 impacted negatively on their personal emotional and mental health, by sex and age group (women)



The percentages of women and men who indicated that someone else in their household had problems due to the pandemic were similar to the reported impacts on individual mental health, with 52% for women and 59% for men. Once again, the age cohort with the highest percentage of women who reported mental or emotional problems for other household members was the 35 to 49 age group (58%).

Figure 24: Respondents who felt that COVID-19 impacted negatively on the emotional and mental health of someone else in their household, by sex and age group (women)



According to Figure 25, more than 8 in 10 individuals (84%) of both sexes indicated that COVID-19 and its related control measures and restrictions have caused them to worry with some similar worries for both sexes, for example regarding safety, access to medicine, access to food, and death. Some worries varied by sex. Nearly a quarter (23%) of women worried about children missing school compared to 19% of men. Half (50%) of the women interviewed worried about their economic situation and income compared to 57% of men interviewed (Figure 26).

Figure 25: Respondents who were worried about something since the onset of COVID-19, by sex and age group (women)

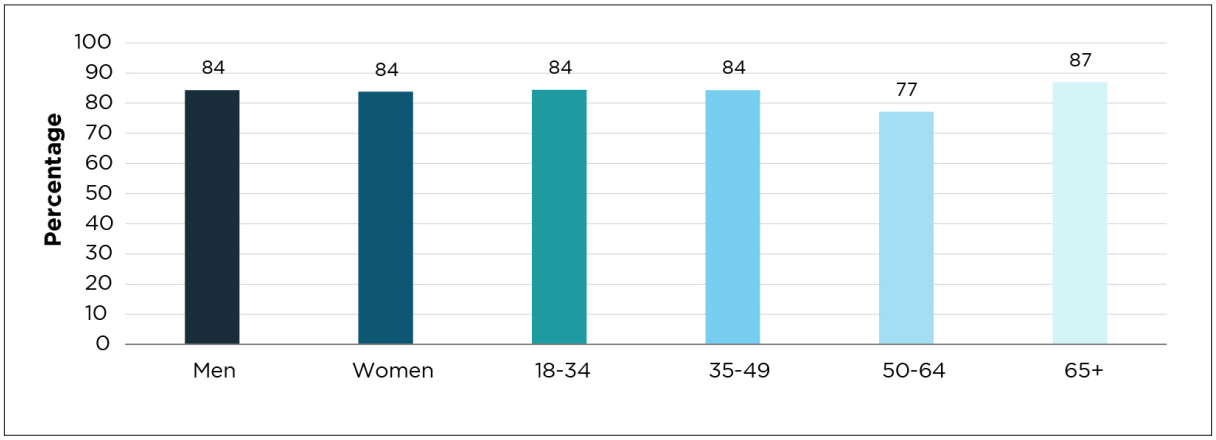
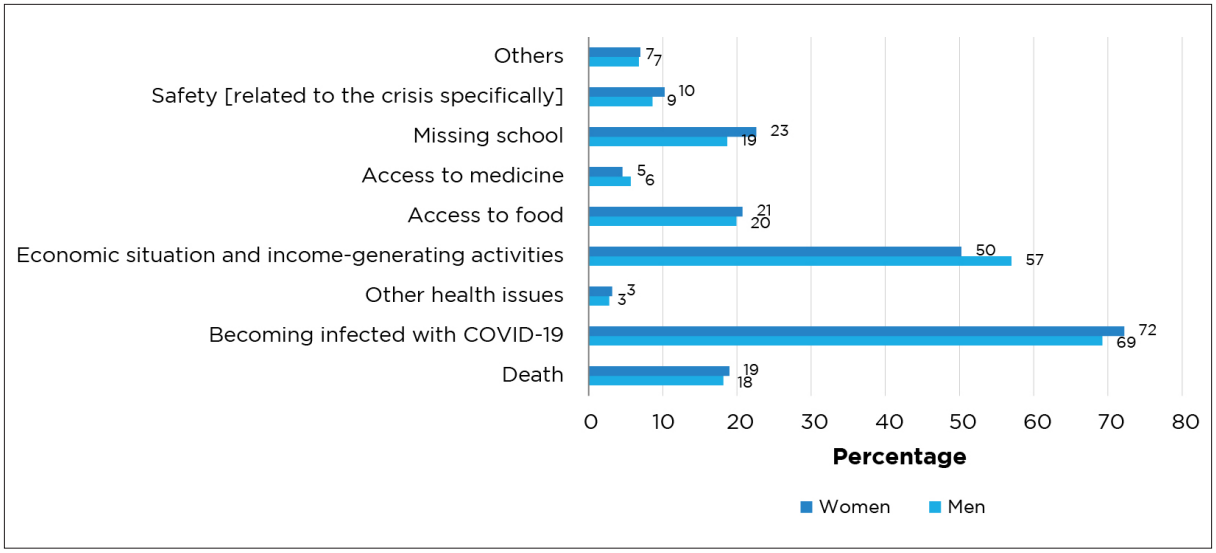


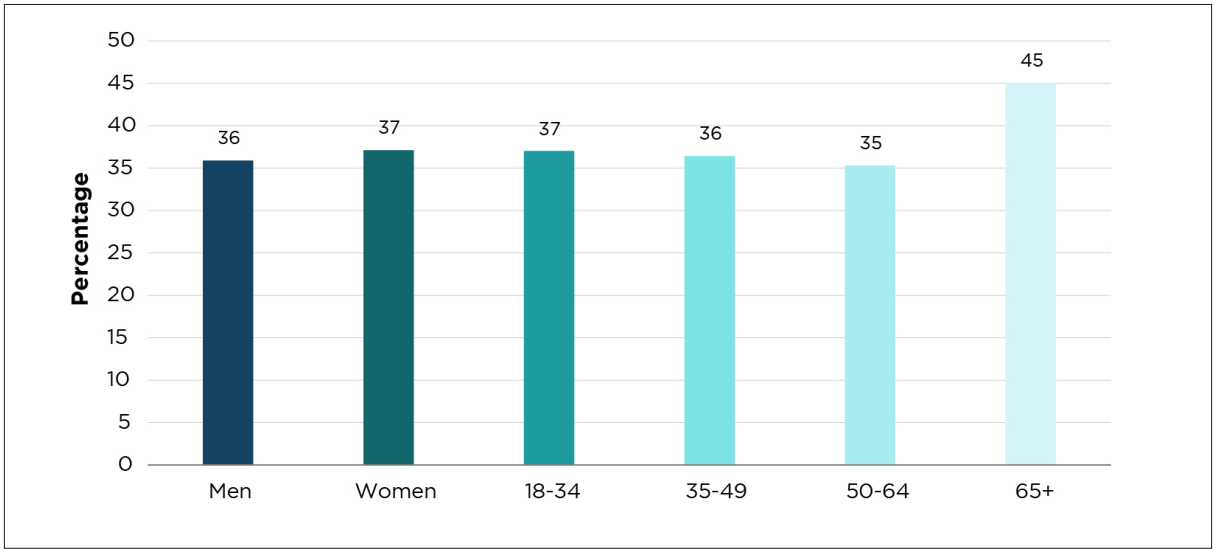
Figure 26: Main worries since the onset of COVID-19, by sex and age group (women)



4.9 Health services

In exploring health services and service utilization since the onset of the pandemic, the study found that approximately the same percentages of women (37%) and men (36%) sought these services.

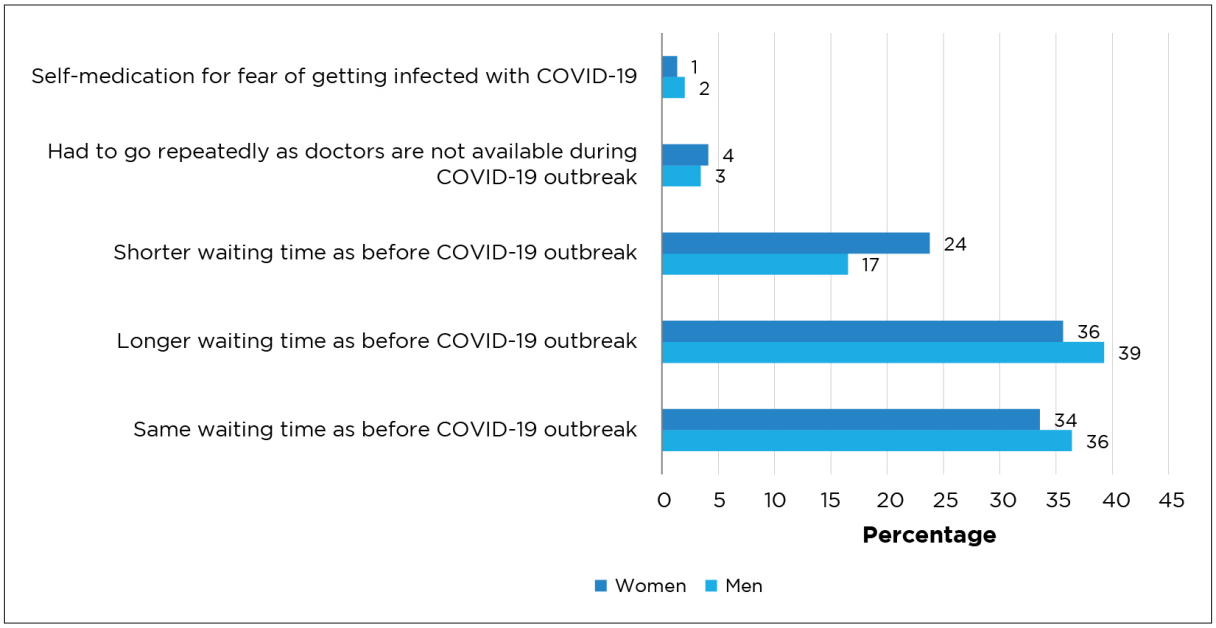
Figure 27: Health service seeking behavior since the onset of COVID-19, by sex and age group (women)



Women aged 65 and older were more likley than other women to procure health services during the reference period (45%), while women aged 18–34 years (37%), women aged 35–49 years, and women aged 50–64 years (35%) were nearly equally likely to seek healthcare services.

Experiences with healthcare since the onset of COVID-19 are reflected in the chart below. Experiences were largely similar for women and men; however, a signifcantly larger percentage of women (24%) than men (17%) reported shorter waiting times compared to before the outbreak. It is not entirely clear why there is such a marked difference between the sexes, but it is possible that some respondents encountered shorter waiting times due to less crowded facilities as there have been many reports worldwide of individuals staying away from clinics out of fear of contracting COVID-19. Slightly more men than women reported the same or longer waiting times when seeking health services during the pandemic.

Figure 28: Experience when seeking health services since the onset of COVID-19, by sex



When it came to the ability to actually access services, while the majority of respondents reported not needing services, among those who did, 34% of women and 39% of men were able to do so. Very few women and men tried to but were unable to access these services.

Of those who tried and were successful in accessing services, the specific types of services accessed are shown in the chart below (Figure 30). Of note, double the percentage of men (10% as compared to 5% of women) accessed services for lack of medicine due to chronic illnesses. 9% of women, but 0% of men, accessed services for cancer-related healthcare. 8% of women versus 3% of men accessed HIV-related health services. A greater percentage of men reported accessing services for children (26% versus 23% of women). A greater percentage of men also reported accessing family planning and reproductive health services.

Figure 29: Ability to access services when needed since the onset of COVID-19, by sex

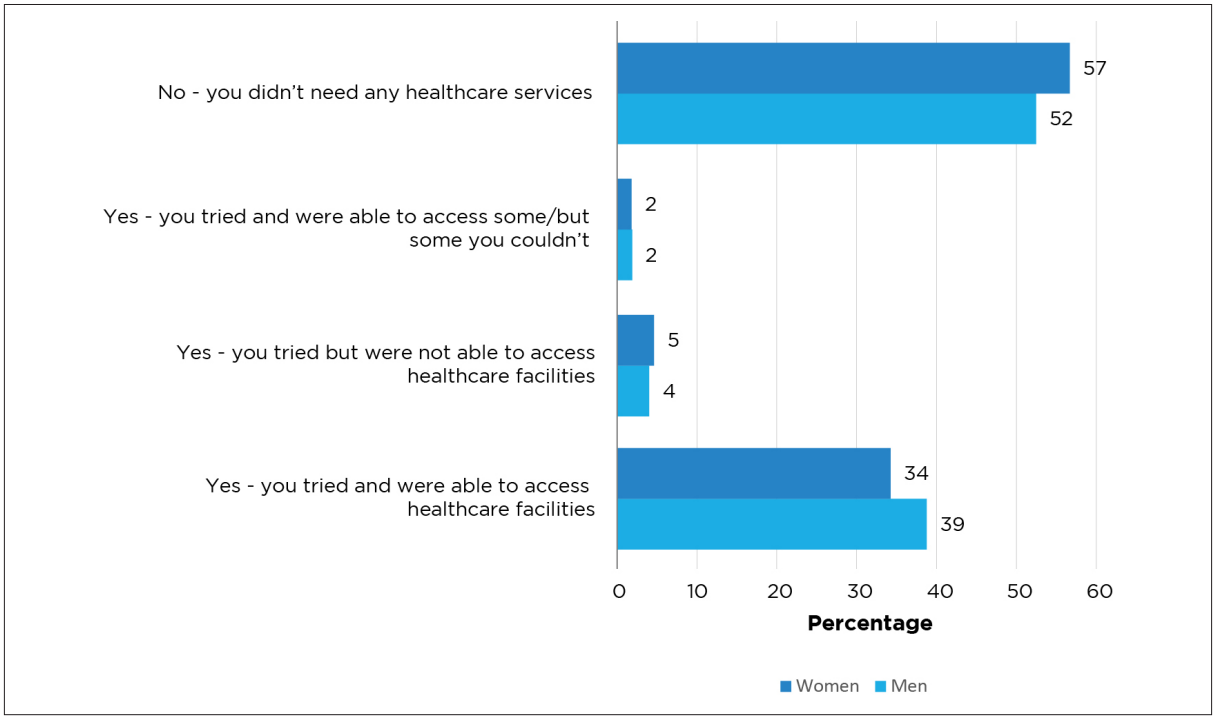
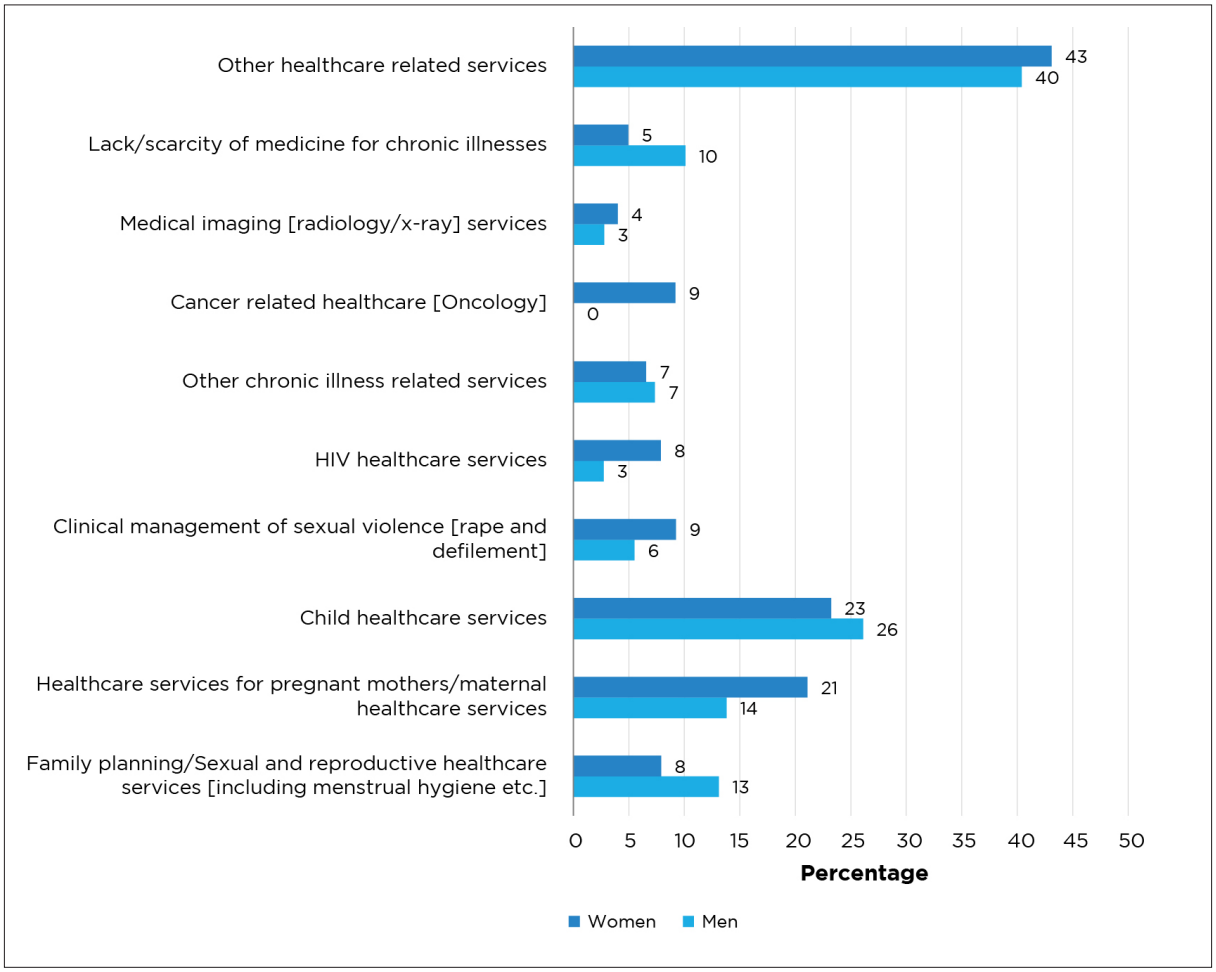


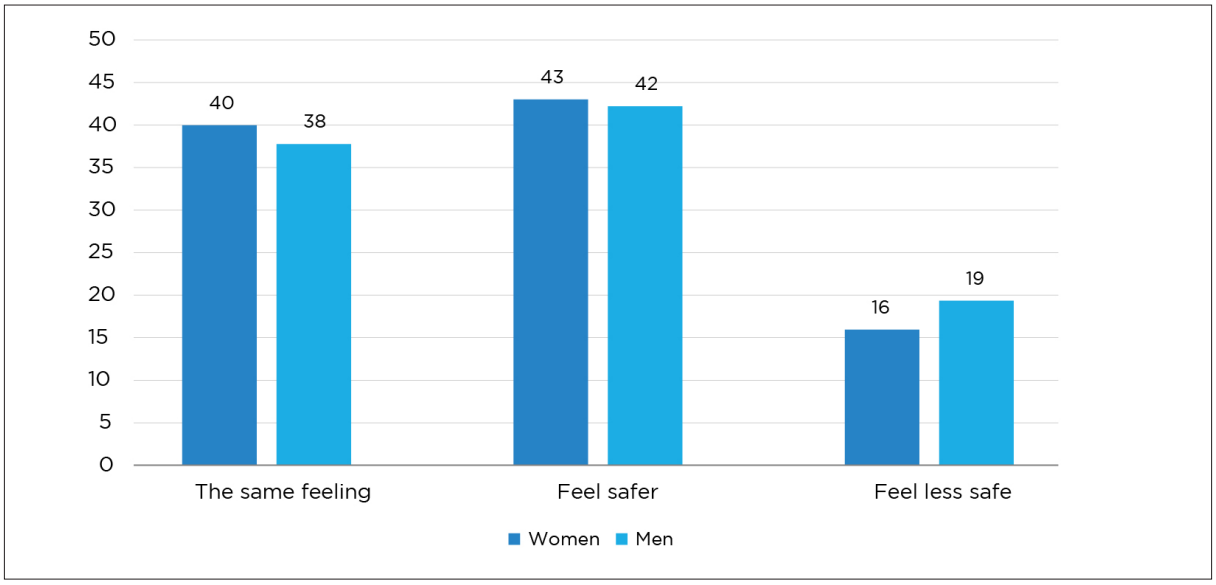
Figure 30: Kinds of services accessed, by sex



4.10 Feelings of safety in the community and at home

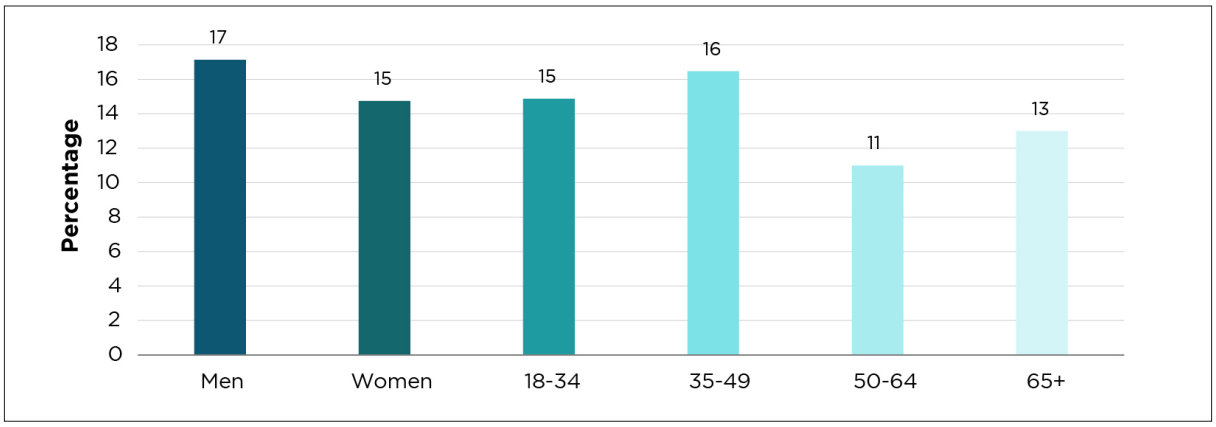
The pandemic brought on changes in respondents' feelings of safety in the community (Figure 31). While 40% of women and 38% of men reported feeling the same, a substantial percentage reported feeling safer. It is possible that the restrictions on movement, and more time spent at home, may have made some respondents feeling safer during the pandemic than previously. However, there were still some individuals (16% of women and 19% of men) who did report feeling less safe.

Figure 31: Changes in feelings of safety in the community since the onset of COVID-19, by sex



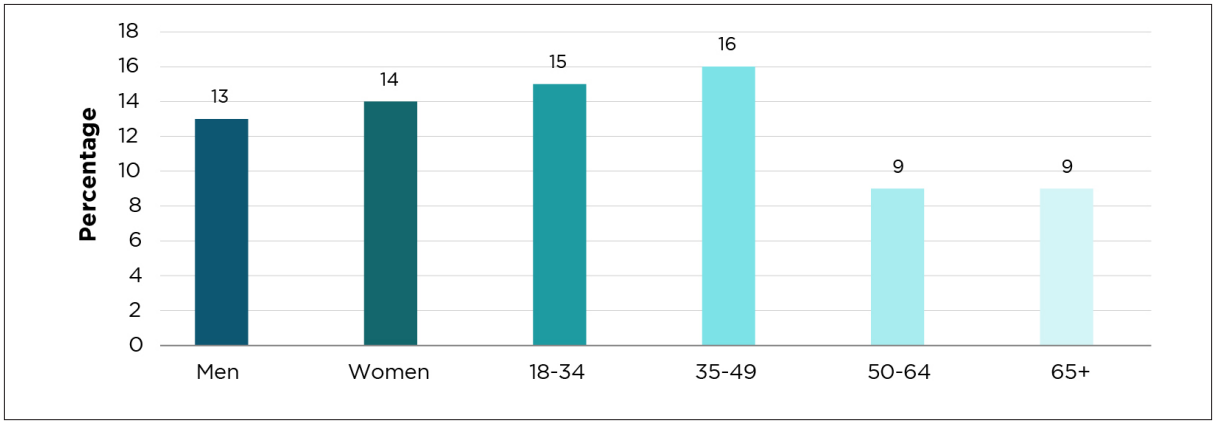
17% of men and 15% of women indicated that they had personally experienced violence since the onset of COVID-19. The 35–49 (16%) and 18–34-year age groups (15%) of women were more likely than older women to have experienced violence in the community (Figure 32).

Figure 32: Experience of violence in the community since the onset of COVID-19, by sex and age group (women)



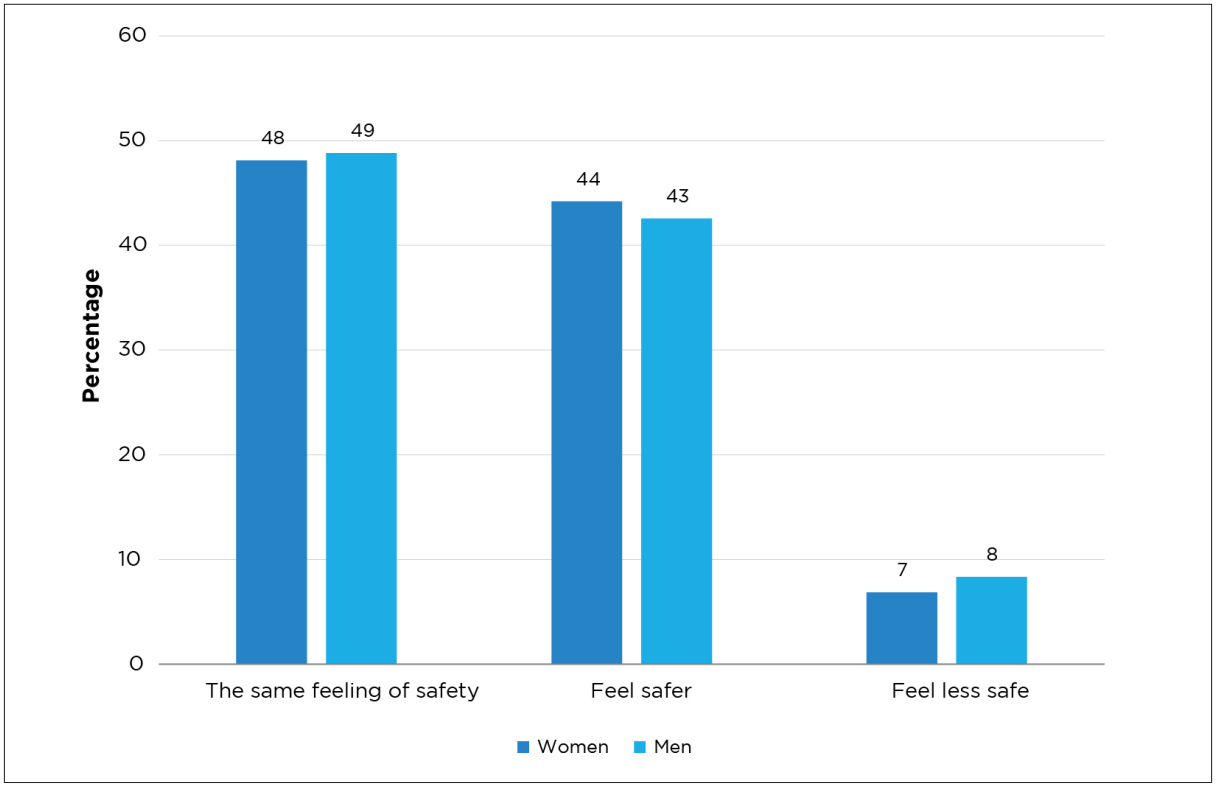
The number of individuals who experienced discrimination during the pandemic was also fairly low compared to other countries in the region (14% for women and 13% for men). Women aged 35–49 years (16%) and 18–34 years (15%) were significantly more likely than older women (9%) to have experienced discrimination.

Figure 33: Experience of discrimination in the community since the onset of COVID-19, by sex and age group (women)



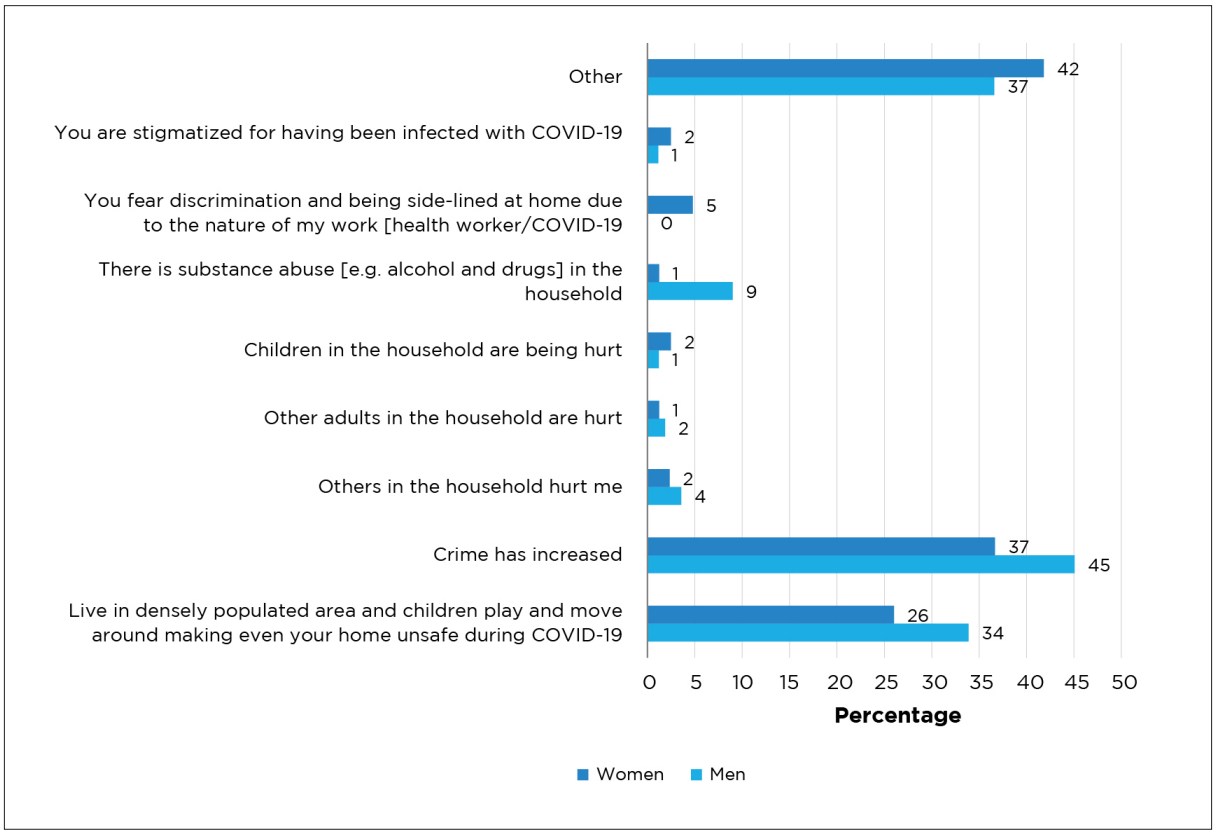
In the home specifically, almost half of respondents of both sexes reported feeling the same level of safety during the pandemic as they did prior to the pandemic. Approximately 40% each of women and men reported feeling safer and only 7% of women and 8% of men reported feeling less safe.

Figure 34: Changes in feelings of safety at home since the onset of COVID-19, by sex



Of those who felt less safe, most were concerned about increases in crime (37% of women and 45% of men), followed by living in densely populated areas, which made their homes feel less safe (26% of women and 34% of men). Other unspecified reasons were also mentioned by a significant percentage of both women (42%) and men (37%), as illustrated in Figure 35.

Figure 35: Reasons for feeling less safe at home since the onset of COVID-19, by sex

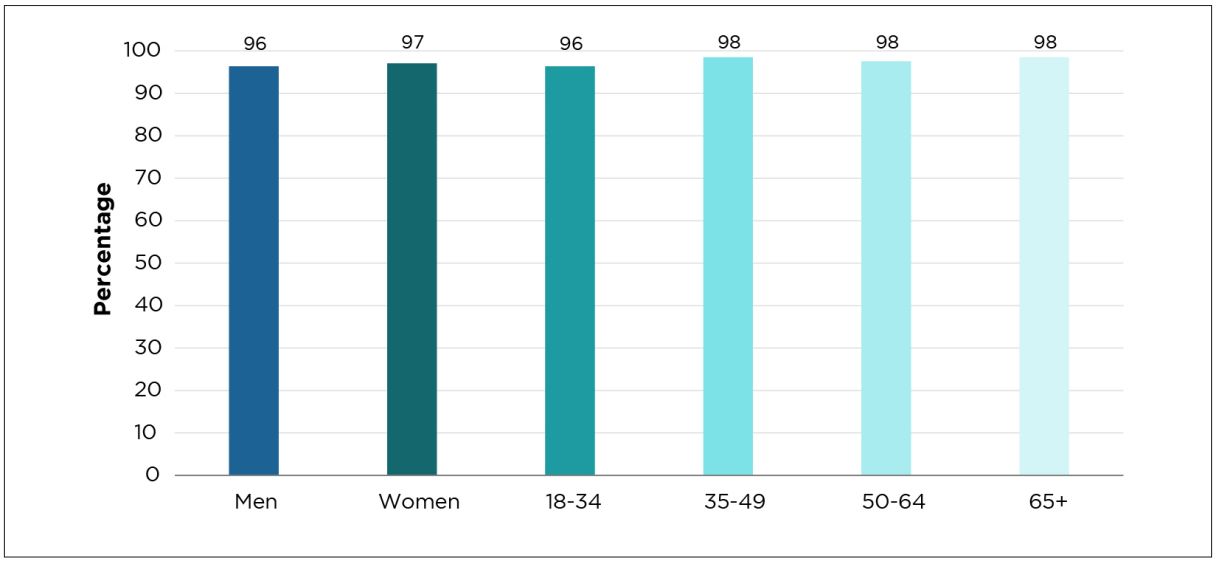


4.11 Gender-based violence

A significant part of the second questionnaire focused on gender-based violence (GBV). When exploring GBV in Malawi, irrespective of COVID-19, nearly all women (97%) and men (96%) replied to the question "To what extent do you think that gender-based violence is a problem in Malawi?" with "A lot." Almost all respondents felt that GBV is a big problem in the country. This speaks to the need for GBV awareness, prevention, treatment, and other services in Malawi, unrelated to the pandemic.

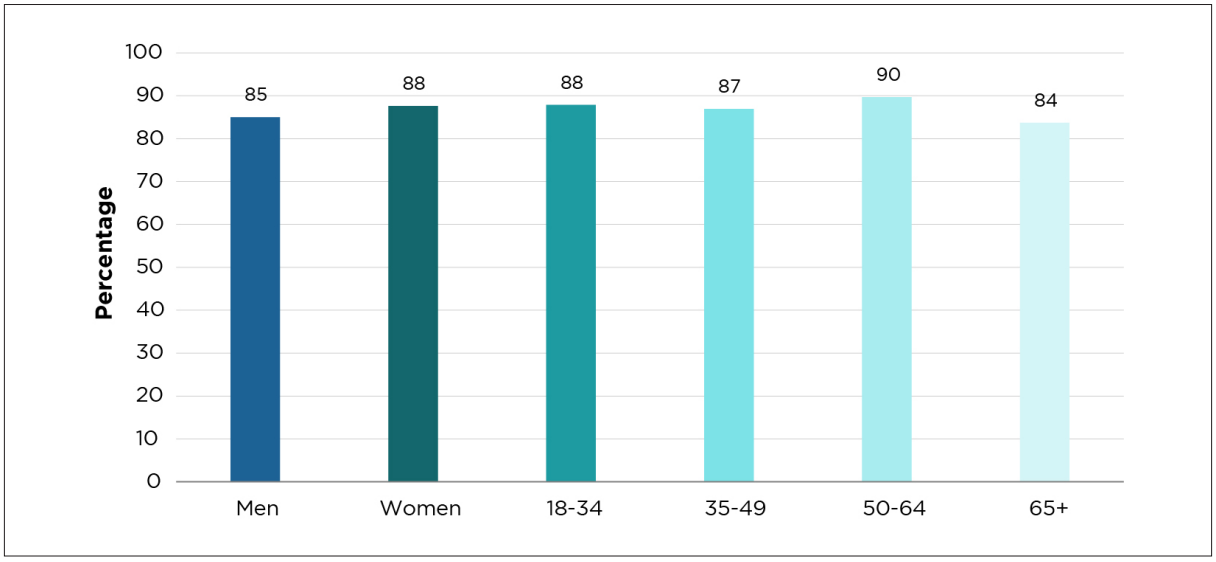
There were no significant differences between the different age groups of women in terms of their perception of GBV as a big problem, except that young women (18–34 years) were slightly less likely than older women to feel that way.

Figure 36: Percentage of respondents who feel that GBV is a big problem in Malawi, by sex and age group (women)



A similarly high percentage of respondents reported a high frequency of GBV. Nearly 9 in 10 women (88%) and 85% men reported that GBV happens very often – again, this question was unrelated to COVID-19. This further supports the need for paying attention to GBV related topics and services. No respondents of either sex reported that GBV "never happens". Women 65 years and older were less likely than the other age groups to feel it happens very often.

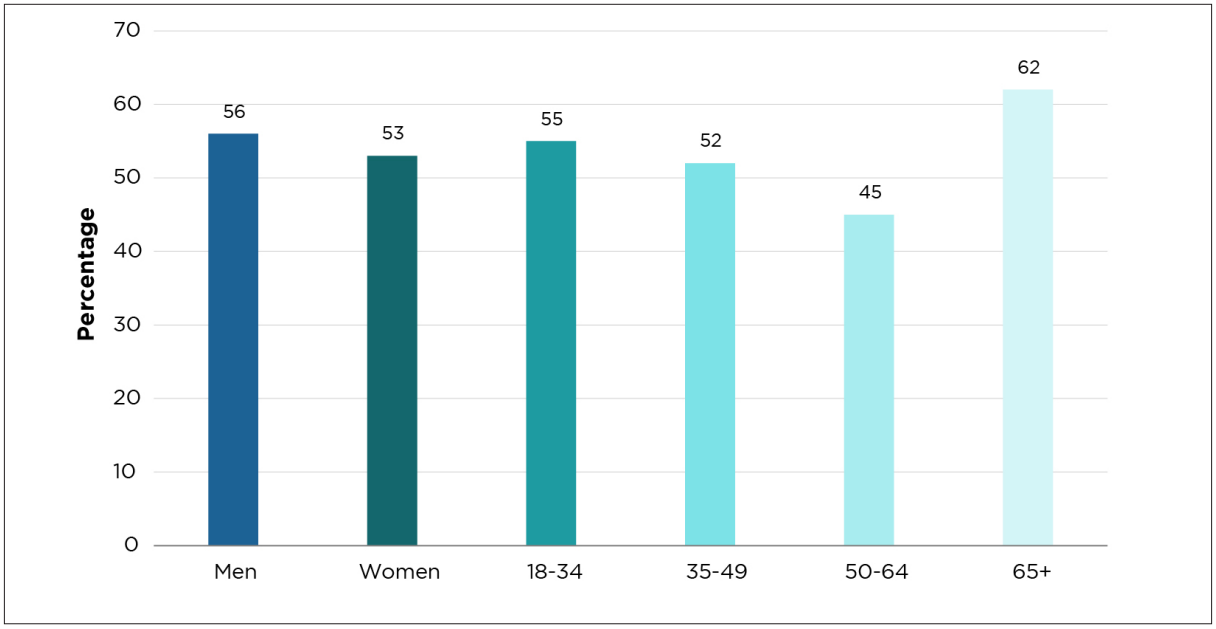
Figure 37: Percentage of respondents who feel that GBV happens very often in Malawi, by sex and age group (women)



More than 5 in 10 – 53% women and 56% men – reported that there had been a change in GBV since the onset of the pandemic, and that this change was for the worse. Women aged 65 years and older were more likely than women of other age groups to perceive that GBV has increased during the pandemic (Figure 38).

Approximately a third of the respondents reported that it had stayed the same. Only 11% reported that it had decreased.

Figure 38: Percentage of respondents who feel that GBV increased since the onset of COVID-19, by sex and age group (women)



There was a range In terms of the types of GBV-related incidents that women and men were aware of and knew someone who had experienced during the pandemic. Approximately half of the respondents of both sexes reported knowing of child and/or forced marriages that took place during the pandemic.

Approximately 40% of respondents reported knowing someone who had been physically abused, while 27% of both sexes reported knowing someone who experienced emotional/verbal abuse. Approximately 35% of both sexes reported knowing someone who had experienced sexual harassment.

Table 4: Percentage of women and men who know at least one person who was a victim of the following categories of GBV during COVID-19 (between April and November 2020), by location[23]

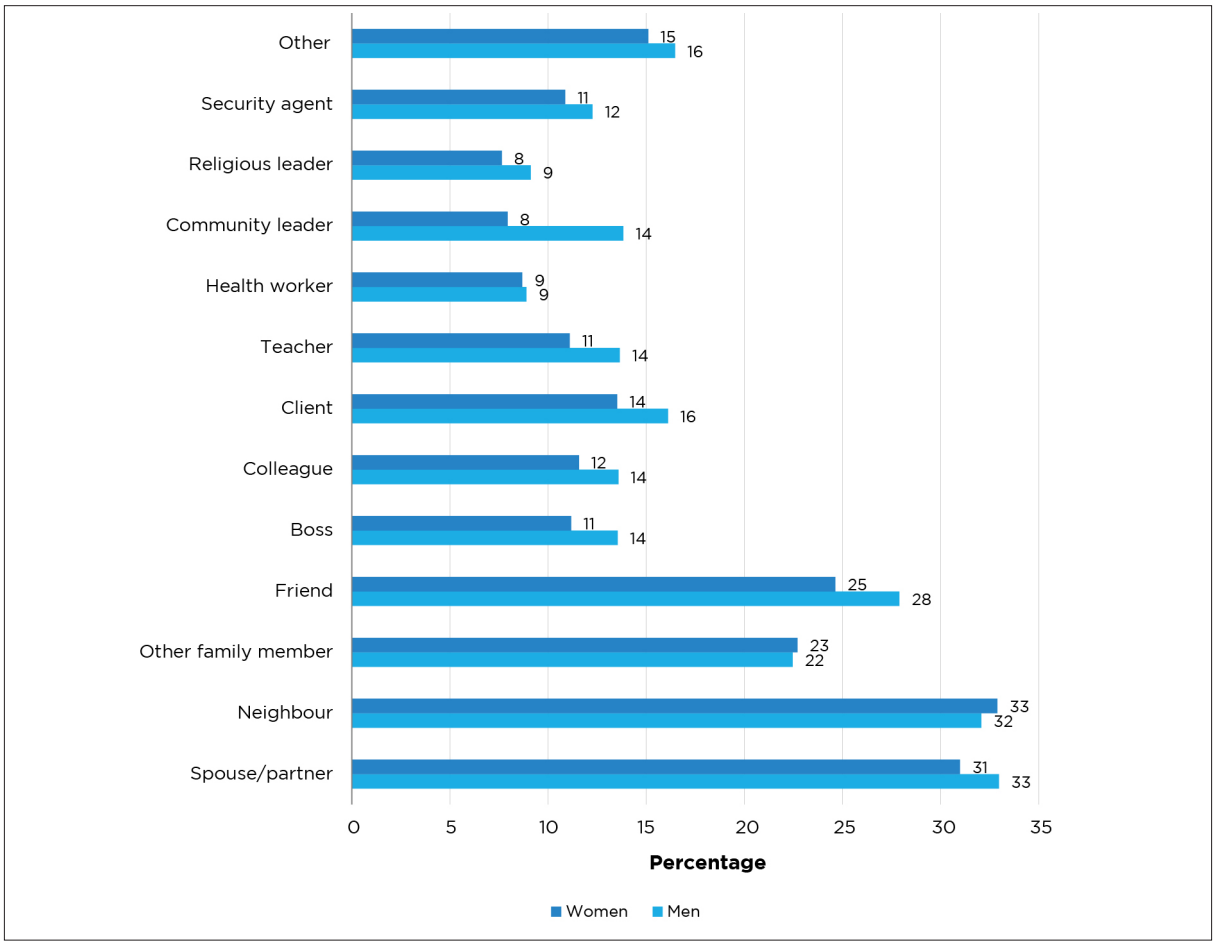
Type of GBV	All	Urban	Rural	Type of GBV	All	Urban	Rural
	%	%	%		%	%	%
Sexual harassment				**Online bullying**			
Women	36.1	35.3	36.6	Women	17.8	20.1	15.9
Men	34.5	32.1	36.5	Men	19.5	20.6	18.6
Physical abuse				**Emotional abuse**			
Women	40.5	39.3	41.6	Women	27.2	25.2	28.8
Men	38.8	35.1	41.8	Men	26.6	23.8	28.7

23 The data analysis this table is based on the harmonized dataset for East and Southern Africa.

Type of GBV	All	Urban	Rural	Type of GBV	All	Urban	Rural
	%	%	%		%	%	%
Female genital mutilation				**Denial to communicate with others**			
Women	9.3	8.9	9.5	Women	12.8	12.2	13.4
Men	7.6	4.8	9.7	Men	11.6	8.3	14.0
Forced sexual relations				**Child marriage**			
Women	23.7	24.2	23.4	Women	49.4	42.1	55.5
Men	24.4	20.8	27.1	Men	51.1	38.9	60.6
Withholding resources							
Women	18.3	16.6	19.8				
Men	21.5	15.8	26.1				

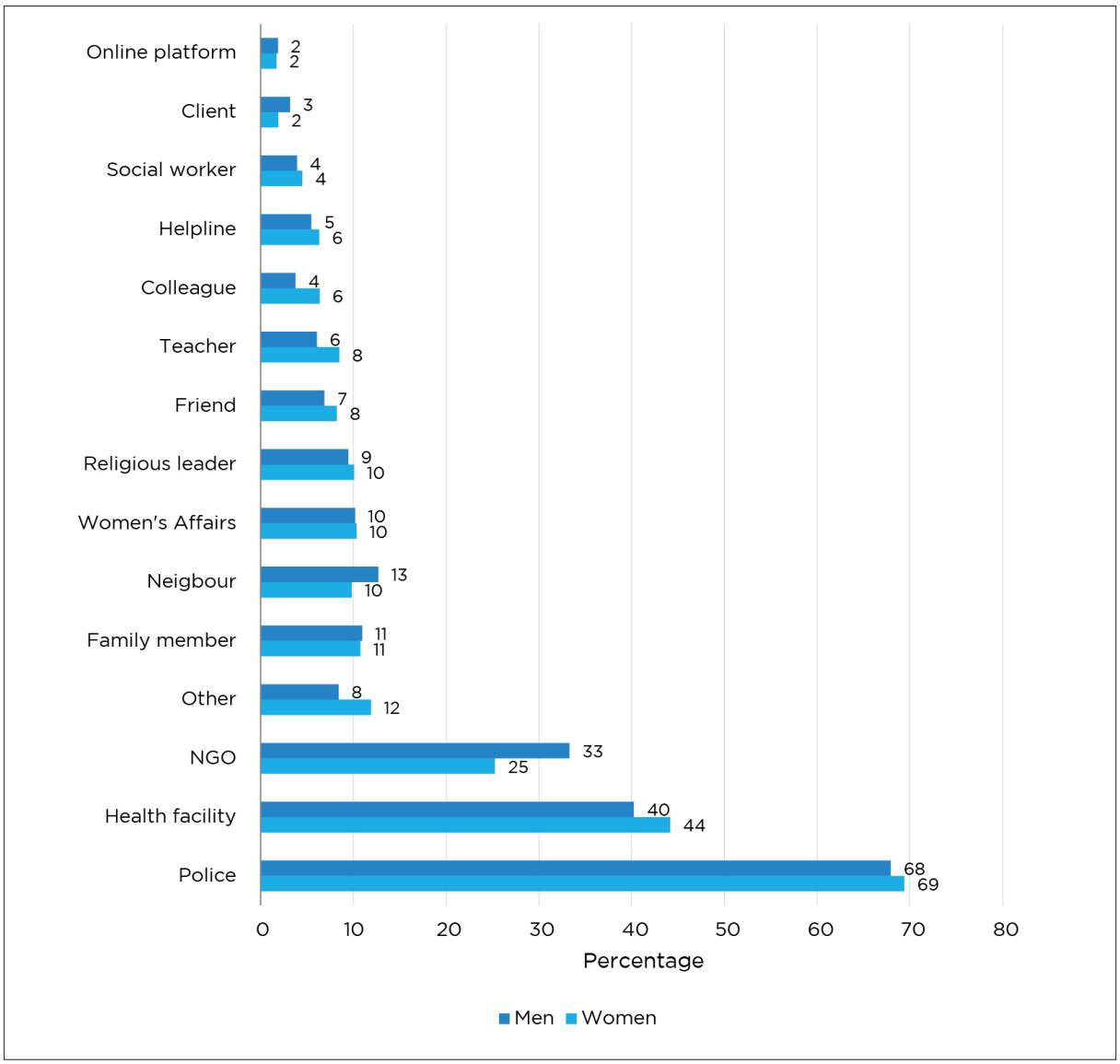
According to Figure 39, the perpetrator of the most recent incident of GBV that respondents were aware of was most likely to be a spouse/partner (31% women and 32% men). This was followed by a neighbor (33% for women and 32% for men), other family members (23% for women and 22% for men), and a friend (25% for women and 28% for men).

Figure 39: Perpetrator of the most recent incident of GBV that the respondent is aware of, by sex of the respondent



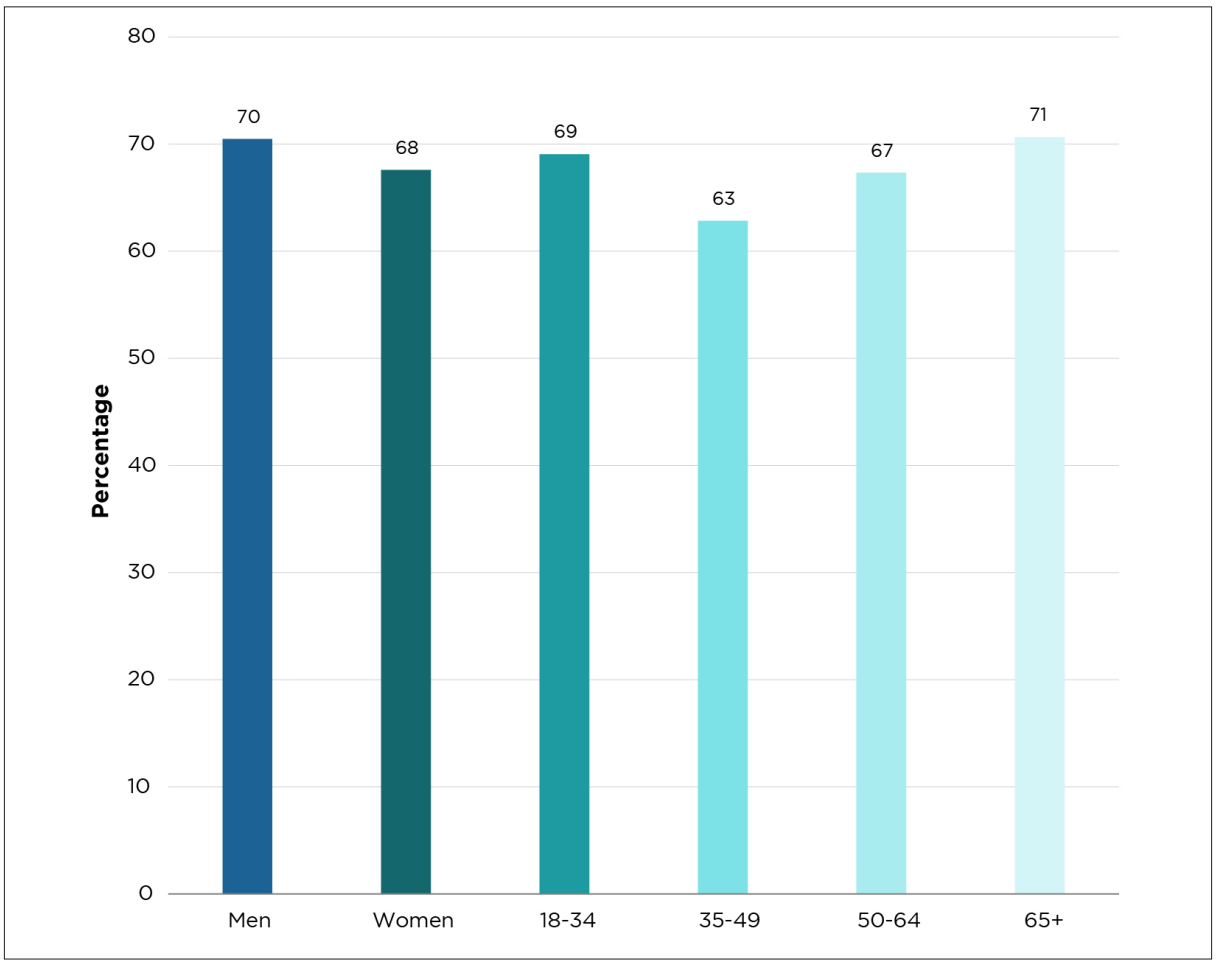
Two-thirds of women and 65% of men respondents said that the survivor/victim of GBV that they knew sought help as a result of the most recent case of GBV most commonly from the police, followed by health facilities and non-governmental agencies.

Figure 40: Place where the survivor/victim of the most recent incident of GBV sought help, by sex of the respondent



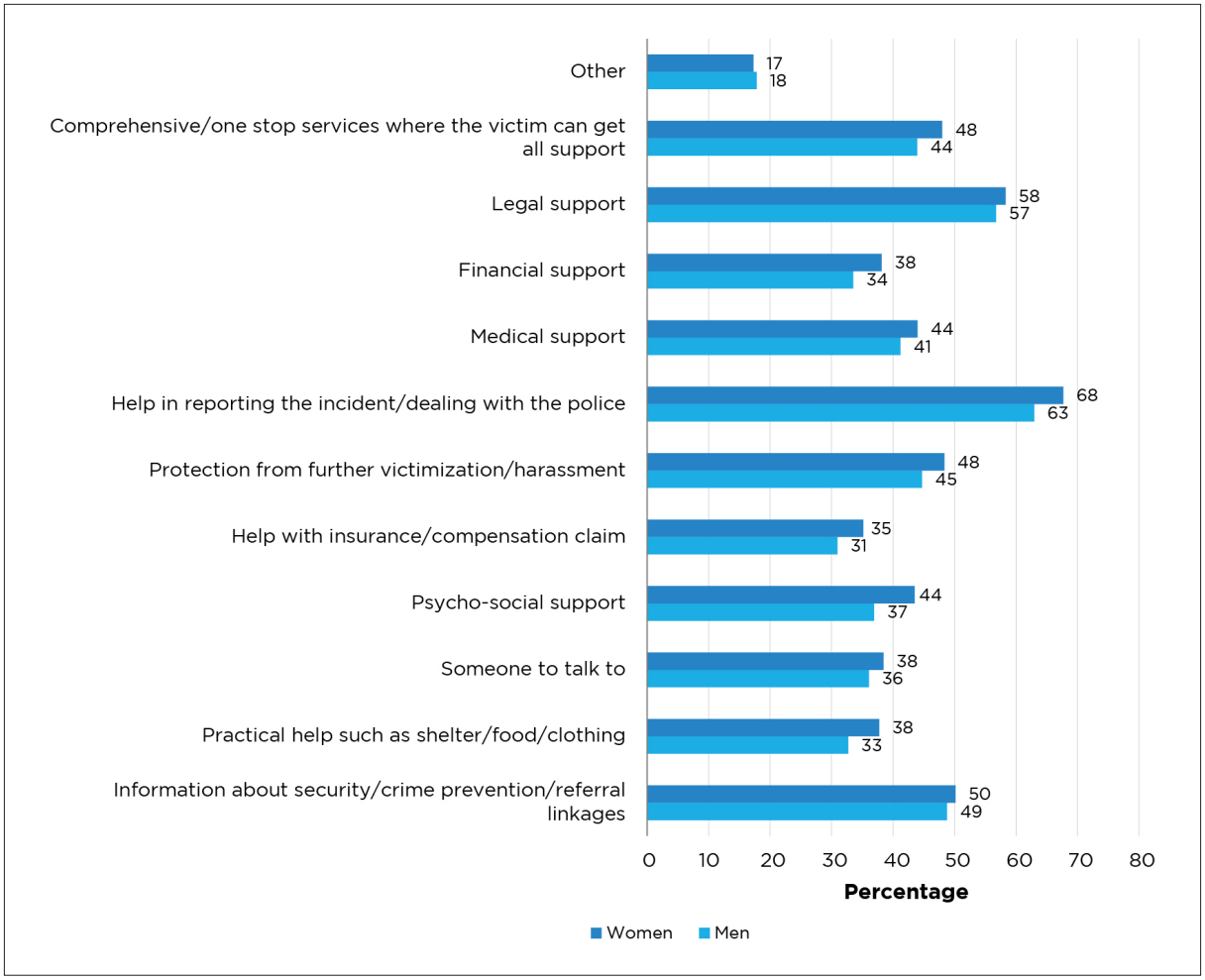
Almost 7 out of 10 respondents (68% of women and 70% of men) indicated that they knew where to seek help in the case of GBV. The vast majority said that they would go to the police, followed by NGOs or non-governmental agencies.

Figure 41: Percentage of respondents who know where to look for help if they are victims of GBV, by sex and age group (women)



Respondents were asked what type of information, support, or advice was needed by the community to mitigate the impact of GBV during the ongoing COVID-19 crisis. Most respondents – 68% of women and 63% of men – reported that assistance on how to report and deal with the police is needed. Almost 6 in 10 of both sexes were in favor of legal support, a further five in ten wanted information about security/crime prevention/referrals, while almost half of all respondents wanted comprehensive services where victims can get all the support they need. Further types of support are detailed in Figure 42.

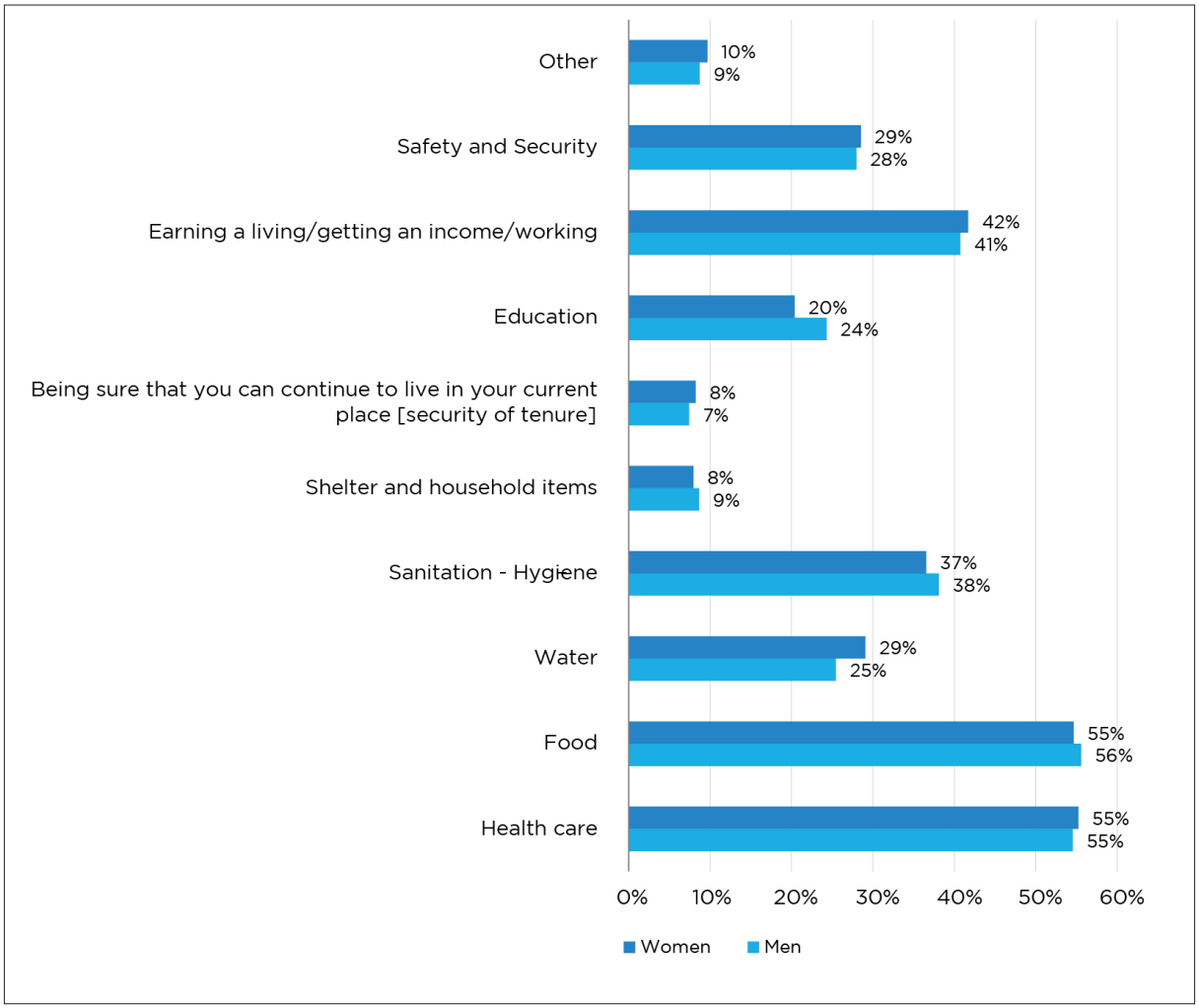
Figure 42: Kinds of support needed to prevent GBV during COVID-19, by sex



4.12 Priorities

Finally, respondents were asked the following question: "What are currently, during COVID-19, the top three priority needs for you and your household?" Below is a graph detailing priority needs by sex. While similar percentages were reported across both sexes, it is worth noting that the majority of respondents reported that both food and healthcare were currently top priority needs. Approximately 40% reported that earning an income is a current need, followed by sanitation and hygiene. Further details can be seen in Figure 43.

Figure 43: Priority needs of the respondents, by sex



5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction and methodology

Findings and conclusions

The advance of the COVID-19 pandemic on the African continent, although mitigated by lockdowns and physical distancing measures, continues with a second wave gaining momentum in Malawi during the first quarter of 2021. While the first cases were imported and started in towns, there are now many cases at the community level and efforts are invested in preventing the spread of COVID-19.

The research took place during the peak of the first wave of the pandemic (November and December 2020) and the results are expectedly influenced by the immediate steps taken by individuals, families, employers, and the government in response to the pandemic, including prevention and control measures to curb the spread of the disease. After the declaration of a national disaster, the Government of Malawi put measures in place which included banning gatherings of more than 100 people in places such as churches, rallies, weddings, and funerals. All schools and colleges were closed effective March 23, 2020 and after the first cases were identified all formal meetings, gatherings, and conferences were banned; office work could be resumed in shifts, and public buildings and structures had to ensure adequate ventilation, among other measures. After the President announced a 21-day lockdown starting midnight on Saturday April 18, 2020, a court injunction suspended the lockdown following a petition by the Human Rights Defenders Coalition.

The overall aim of this study was to collect data using CATI and compile reports about the effect of COVID-19 on the life circumstances of women and men in Malawi. The study more specifically looked at the impact of the pandemic on household income and livelihoods; food security and agricultural inputs; mechanisms that schoolchildren are using to continue with learning at home; water and sanitation; burden of unpaid domestic and care work; health-seeking behaviour and healthcare; safety and security as well as trends relating to GBV and other harmful practices, such as female genital mutilation (FGM) and child marriage, as a result of COVID-19.

The study was conducted within the context of a UN Women global effort to increase data availability regarding the gendered impacts of COVID-19. Given the nature of the pandemic and the difficulties associated with collecting quality statistical data using statistically sound methodologies, UN Women East and Southern Africa Regional Office (ESA-RO) has conceptualized a uniform data collection methodology for rapid gender assessments (RGAs) across the region which involved approximate samples of 2,400 women and men per country. Two different questionnaires were administered during two separate interviews lasting between 15 and 20 minutes. GEOPOLL was appointed as service provider for Malawi and undertook data collection, analysis, and report writing for the survey.

The study was based on a sample of 2,481 women and men aged 18 years and older for Wave 1, and 2,402 for Wave 2 obtained through a process of random direct dialing. The sample was composed such that it conformed to predetermined quotas that were representative of the population by age, sex, and location. Soft quotas were applied post collection by rural/urban and living standards measure. With a sample size of n=2,481 and n=2,402, the margin of error is +/-2.0% at 95% confidence level for reporting at national level. As much as efforts were made to ensure that the survey is representative of mobile phone owners but adjusted to the demographics of the population by age, sex, and location, the data collected have been in many instances counter-intuitive. Some findings, such as women being more likely than men to have access to some form of healthcare insurance, have access to clean and safe water, and make decisions about money (among other variables) have been surprising and may suggest that the women reached through the survey are either married to migrants or were generally better-off socio-economically than the men included in the survey.

Recommendations

Given the low and uneven penetration of mobile phones in Malawi, CATI surveys are not ideal if a representative picture of the circumstances of the population is desired. This study was planned and conducted in the context of COVID-19 mobility restrictions but nevertheless provides some insight into the impacts of COVID-19 on the respondents.

However, if the same technique is unavoidable, it is recommended for future studies that:

- The sample size be increased to enable greater analysis of intersectionality and better identify and target the problems of specific marginalized groups such as for example the LGBTQ community, women with a disability or women living with HIV.
- Additional measures are put in place for the gender-based violence module to check whether the respondent is in a safe place and to check for and mitigate against the potential negative impact of the use of speaker phones.

5.2 Socio-economic impacts

Findings and conclusions

One of the main consequences of the movement and other restrictions placed on the populations of countries in the region was a reduction in economic activities. Significant gaps already existed between women and men prior to the pandemic, and the study found that to some extent these gaps either narrowed or remained with similar impacts of the pandemic on women and men. For example, men were more likely to work for an employer or for pay compared to women both pre-COVID-19 (22% compared to 13%, respectively) and after the onset of COVID-19. Both groups experienced a decline of participation in paid employment (19% compared to 11%, respectively). Owning a business or doing freelance work is much more common amongst women (52%) in Malawi than men (43%), with a 9%-point difference. Both women and men experienced a significant decline in participation in this sector (34% of women and 32% of men), with the gap between them narrowing to 2 percentage points.

Even though men (75%) were more likely than women (70%) to report changes in their economic activities as a result of COVID-19, for both women and men, the gap between women (73%) and men (76%) reporting declines in personal incomes is

smaller than the gap for changed economic activities. Men younger than 55 years (approximately 77%) were more likely than older men as well as women of the same age cohorts (71% (15–34 years) and 69% (35–54 years) to have experienced declines in personal incomes.

Once again men (69%) were more likely than women (63%) to say that their combined income for all household members declined since the onset of COVID-19, with no significant differences between age groups.

The study found that men (41%) were more likely than women (33%) to provide financial and other support to family members who were not part of the household. From an age group perspective, the biggest gender gap in providing financial support to others was found for men (41%) and women (25%) aged between 55 and 64 years. Men (39%) were more likely than women (35%) to indicate that household decisions about spending money were made jointly. Women (47%) were more likely than men (6%) to indicate that they (or another woman in the household) are the main decision-makers about money. Men (54%) on the other hand, were a lot more likely than women to identify themselves (or other men in the household) as the main decision-maker about money than women (17%) who identified men as the main decision-maker.

While ownership of personal income initially seemed the same for women and men (59% for both women and men), it becomes clear that there are noticeable differences when looking across age groups. For respondents aged 18 to 34 years, a slightly higher percentage of men (63%) than women (59%) reported having and controlling their own income. However, when looking at those aged 35 to 54 years, a noticeably higher percentage of women (60%) than men (55%) reported having and controlling their own income. Also, when looking at those aged 55 years and older, a higher percentage of women (51%) than men (45%) reported having and controlling their own income.

Finally, when looking at that various experiences that respondents have had since the onset of COVID-19, the distribution was similar for both women and men. The most common experiences that resulted from COVID-19 were financial difficulties (68% and 67%, respectively), ate less or skipped a meal because of lack of money or other resources (64% and 62%, respectively), and did not eat at all for a day or more because of lack of money or other resources (51% and 46%, respectively).

Recommendations

It will be necessary to safeguard livelihoods, jobs, and businesses and create opportunities for speedy economic recovery. There is a significant difference among the needs of rural and urban residents, women, men, people with disabilities and youth. Government guarantees and subsidized loans are needed to support productive activities of women and youth.

The post-COVID-19 recovery period will have to focus on connecting people, especially women, to job opportunities to reduce poverty and inequality to ensure a sustained recovery. The access to education and vocational training that is afforded to women and youth in order to reduce their vulnerability for future pandemics and other crises needs to be strengthened. Skills and education mismatches, especially in STEM, need continued and even greater support in the sub-region than prior to the pandemic.

5.3 Agriculture and food security

Findings and conclusions

More than 7 in 10 women and 8 in 10 men (84%) who responded to the survey lived in a household that produced crops and livestock (i.e., fish farming, poultry, and other stock). On average, a much higher percentage of men (84%) reported this than women (72%). Approximately half the men (52%) and women (45%) interviewed indicated that their agricultural activities do not provide for the food needs of the household, possibly indicating the production of cash crops. One in five women (19%) and men (20%) who are involved in agricultural activities said that it provides for all their food needs.

The economic consequences of the pandemic extended into food security and agricultural production as well with a general decline in the ability of those involved in the agricultural sector to buy seeds and other inputs (62% of women and 63% of men). The pandemic affected the availability of seeds and other inputs, as approximately half of the men (46%) and women (48%) felt that there was no change in the availability of seeds and other inputs, while similar percentages (47% of women and 49% of men) felt that it had decreased.

When asked about the availability of food, respondents were more likely to say that it had declined (46% of men and 48% of women) than stayed the same (42% of women and 39% of men), while most women (61%) and men (57%) thought food prices had increased. The percentage of women who thought the prices of food had increased was higher among those aged 55 years and older (67%) than those aged 18 to 34 years (62%) and 35 to 54 years (57%).

Recommendations

Given that responses to several independent questions point to the fact that the availability, costs and affordability of food had been a problem since the onset of COVID-19, the support for food security related interventions will be essential during the coming months. Different social safety net measures, such as food aid, cash transfers, etc., are needed to swiftly address drops in income and negative impacts on nutritional requirements.

In the medium term, increased support should be provided to small-scale food producers and subsistence farmers in the form of input supply, which would enhance food security – especially in rural areas. Small-scale producers in rural areas are predominantly women, but also more specifically, older women. Work should also be expanded in helping women to transition from small-scale and subsistence production to more commercial activities to maximize land use and empower women economically. Work towards ensuring that especially women have secure tenure rights to land and access to credit to expand, needs to be fast-tracked.

5.4 Education

Findings and conclusions

Since schools were closed in March 2020, most students were required to learn from home. Respondents reported that the biggest challenges for boys and girls were both limited access to learning materials (41% and 43%, respectively) as well as lack of skilled instructors or adults in the household (27% and 43%, respectively).

Recommendations

Even though the questionnaire and report did not include a lot of details on education, the findings suggest that access to learning materials and guidance at home limited the ability of girls and boys to learn from home.

To ensure that boys and girls are successfully integrated into the school system, it will be important that both boys and girls experience social pressure and support to return to school. Pre-COVID-19 programs that included cash transfers and bursaries as incentive for girls to go back to school, and clear communication with and the involvement of the community at all levels are needed. If a system-wide approach to school reopening is followed as recommended by UNICEF, it will automatically introduce a gender and inclusion lens into education analysis. The leadership of girls and women and their role as agents of change during the post-COVID-19 recovery phase should be recognized and prioritized. They need to be involved and integrated into consultations, planning and decision-making. Actively removing gender bias and discrimination within and across education systems needs to continue.

5.5 Access to water

Findings and conclusions

Women (82%) were more likely than men (77%) to have access to clean and safe water, while older women aged 55 years and older (77%) reported less access to clean and safe water than those aged 18 to 34 (83%) and 35 to 54 years (82%). A woman in the household (74%) was more likely than men (8%) or women and men together (16%) to be mainly responsible for collecting water and firewood.

Recommendations

Access to clean and safe water has been more important than ever during the COVID-19 pandemic. The data collected during this study indicate that women and girls are more likely to collect water than men and boys in situations where no piped water is available. Women were also more likely than men to indicate that the time they spent collecting water had increased during the pandemic. Programs aimed at maintaining and servicing existing infrastructure and increasing access to safe water in communities and at schools need to continue. Priority should be given to rural communities and schools where the problems are more pronounced than elsewhere. Access to clean water and sanitation is also key to ensuring proper menstrual hygiene of women and girls, and therefore needs continued support and attention at both at home and at school.

5.6 Unpaid domestic and care work before and after the pandemic

Findings and conclusions

The time women spend on unpaid domestic and care work has been identified as one of the main hinderances to women's economic empowerment. Malawi has never conducted a Time Use Survey and no comprehensive information is available on the time women and men spend on unpaid domestic and care activities. Some of the survey questions were aimed at establishing how much time women and men spent before lockdown on these activities and if any of them had been spending more time on these activities after lockdown. The study found that a woman in the household was mostly responsible for unpaid and domestic care work activities

prior to the outbreak of COVID-19. This includes cleaning (64.9%), cooking (75%), and collecting water and firewood (74%). The only domestic activity for which men take a significant responsibility was shopping, with 46% of men being mainly responsible and a further 30% indicating that both women and men were responsible. In contrast to other countries in the region, relatively few women and men (less than 1 in 5) indicated that they had experienced increases in unpaid domestic work during the pandemic.

In the case of unpaid care activities, prior to the pandemic, women were mainly responsible for physical care of children (70%) and passive care (56%), while teaching children was a joint responsibility (54%). More than 60% of the respondents indicated that either women or women and men jointly handle the physical care and other needs or older persons. In the same way that relatively few women or men reported increases in the time spent on unpaid domestic and care work, relatively few women and men felt that their unpaid care activities increased during the pandemic. Time spent playing with and reading for children, physical care of adults, assisting adults with administration and providing emotional support to adults was more likely to decrease than increase during the pandemic. The only unpaid care work for which approximately 2 in 10 women and men reported increases after lockdown started were playing/reading, physical care, and teaching children.

An overall analysis of changes in women and men's unpaid domestic and care responsibilities shows that three in ten women and slightly more than four in ten men reported that at least one of the unpaid domestic and care activities they are involved in increased during the pandemic.

Recommendations

The gender machinery in Malawi needs to increase efforts to advocate for greater visibility and inclusion of issues around time use and informal economic activities in policy responses. Policy responses to ease women's unpaid domestic and care work will allow women to focus on productive activities. It remains important to continue to recognize, reduce and redistribute the unpaid domestic and care activities that primarily fall upon women. The pandemic has shown that when circumstances dictate, men in the East and Southern Africa sub-region do pitch in to assist with unpaid domestic and care work. It is important that, through advocacy efforts, this momentum be maintained to increasingly make it socially acceptable, as well expected from men in the sub-region to share these tasks with women.

5.7 Health and well-being

Findings and conclusions

The impact of COVID-19 on mental health is widely documented. Five in ten women and six in ten men interviewed as part of this study indicated that the pandemic impacted negatively on their mental or emotional health. Among women, the 35–49 years age group (57%) was most affected while the 50–64 and 65+ age groups were less likely to be impacted. The percentage of women and men who indicated that someone else in their household had problems due to the pandemic were similar to the incidence among individuals (women 52% and men 59%). Once again, the age cohort with the highest percentage of women who reported mental or emotional problems for other household members was the 35–49 age group (58%).

More than 8 in 10 individuals (84%) of both sexes reported that COVID-19 and its related control measures and restrictions have caused them to worry. Women and men had similar worries for example on safety and security, access to medicine, access to food, and death. Some worries varied by sex. Nearly a quarter (23%) of women worried about children missing school compared to 19% of men, while 50% of women worried about their economic situation and income compared to 57% of men.

In exploring health services and service utilization since the onset of the pandemic, the study found that approximately the same percentages of women (37%) and men (36%) sought health care services during this time. Women aged 65 and older were more likley than other women to seek health services during the reference period (45%), while women aged 18–34 years (37%), women aged 35–49 years and women aged 50–64 years (35%) had similar likelihoods seek these services. Experiences of women and men who accessed healtcare serices during the pandemic were similar in most respects; however, women (24%) were more likely than men (17%) to report shorter waiting times, although it is not entirely clear why there is such a marked difference between the sexes. It is possible that some respondents encountered shorter waiting times due to less crowded facilities as there have been many reports worldwide of individuals staying away from clinics out of fear of contracting COVID-19. Slightly more men reported the same or longer waiting times when seeking health services.

While the majority of respondents reported not needing healthcare services, among those who did, 34% of women and 39% of men were able to do so. Very few women and men tried but were unable to access these services.

Recommendations

It will be important to increase investments in maternal and child health, SRH, services for the elderly, people living with HIV/Aids, people with disabilities, and other vulnerable groups as the diversion of resources away from these areas will have negative long-term impacts on women, men and children. Health budgets need to be prepared from a gender perspective to contribute towards more equal access to health resources.

Other recommendations include:

- Continue emphasizing public health and safety measures (PHSM). Ensure an inclusive approach, including women, men, girls and boys, people living with disabilities, people living with HIV, refugees and IDPs.
- Strengthen resources of community-based organizations in providing health and social services to vulnerable groups.
- Implement WHO recommended strategies to mitigate health service disruptions, such as triaging to identify priorities, shifting to online patient consultations, etc.
- Suspend or remove user fees to offset potential financial difficulties for patients, in particular, for the most vulnerable groups of women and men.
- Confinement indoors and movement controls during COVID-19 may have provided opportunities for practices that present safety risks for girl children such as domestic violence, sexual exploitation, early marriage, and FGM. Appropriate gender-sensitive responses are needed to mitigate these problems and reduce the potential compounding impact of the pandemic on existing educational challenges.

5.8 Safety and security

Findings and conclusions

The pandemic brought on changes in respondents' feelings of safety in the community, and while 40% of women and 38% of men reported feeling the same levels of safety as previously, a substantial percentage reported feeling safer than prior to the pandemic. This may be attributed to perhaps spending more time at home during the pandemic. Only 16% of women and 19% of men indicated that they were feeling less safe. 17% of men and 15% of women indicated that they have personally experienced violence since the onset of COVID-19. Only 14% women and 13% men reported that they experienced discrimination during COVID-19. Women aged 35–49 years (16%) and 18–34 years (15%) were significantly more likely than older women (9%) to have experienced discrimination.

In the home specifically, almost half of respondents of both sexes reported feeling the same level of safety during the pandemic as prior to the pandemic. Approximately 40% of both sexes reported feeling safer. Of those who felt less safe at home, most were concerned about increases in crime (37% of women and 45% of men), followed by living in densely populated areas, which made them feel that their homes were less safe (26% of women and 34% of men).

5.9 Gender-based violence

Findings and conclusions

A significant portion of the survey focused on gender-based violence (GBV). First, the issue of GBV in Malawi was explored, irrespective of COVID-19. Almost all women (97%) and men (96%) replied to the question "To what extent do you think that gender-based violence is a problem in Malawi?" with "A lot." This speaks to the need for GBV awareness, prevention, treatment, and other services in Malawi, unrelated to the pandemic. A similarly high percentage of respondents felt that GBV happens frequently. Nearly 9 in 10 women (88%) and 85% of men reported that GBV happens very often – again, this question was unrelated to COVID-19. This further supports the need for paying attention to GBV related topics and services. More than 5 in 10 respondents (53% women and 56% men) reported that there was a change in GBV since the onset of the pandemic, and this change was for the worse. Women aged 65 years and older were more likely than women of other age groups to have felt that GBV had increased during the pandemic.

Approximately 40% of respondents reported knowing someone who had been physically abused, while 27% of both sexes reported knowing someone who experienced emotional/verbal abuse. Approximately 35% of both sexes reported knowing someone who had experienced sexual harassment. The most frequently identified perpetrator of the most recent case of GBV that the respondent was aware of was most likely to be a spouse/partner (31% women and 32% men). This was followed by a neighbor (33% for women and 32% for men), other family members (23% for women and 22% for men) and friend (25% for women and 28% for men). Survivors/victims were more likely to seek help from the police (69% for women and 68% for men), health facilities (44% for women and 40% for men) and non-governmental agencies (25% for women and 33% for men).

Almost 7 out of 10 respondents (68% of women and 70% of men) reported that they knew where to seek help in the case of GBV themselves. The vast majority indicated that they would go to the police, followed by NGOs or non-governmental agencies.

Respondents were asked what type of information, support, or advice was needed by the community to mitigate the impact of GBV during the ongoing COVID-19 crisis. Most respondents – 68% of women and 63% of men – wanted assistance on how to report and deal with the police. Almost 6 in 10 respondents of both sexes indicated that they required assistance with regard to legal support, and 5 out of 10 wanted information about security/crime prevention/referrals. Almost half of all respondents reported that comprehensive services where victims can get all the support that they need are desired.

Recommendations

Lack of reliable data on GBV remains a problem, and there is an urgent need to expand the coverage of standalone, nationally representative prevalence surveys across the region. More research and research capacity are needed to identify the drivers of GBV and develop specific programs (advocacy and otherwise) at national and provincial level to address these.

Continued advocacy work is needed around GBV prevention and services; this includes among others increased communication on the available services. Even though technology can be used to support reporting mechanisms for survivors of GBV, more information about the usefulness of already applied technologies and their impact will be needed before such programs are scaled up or expanded during the post-COVID-19 recovery phase.

Improved services are needed for post-GBV support and care. This includes the increased availability of safe places, mechanisms and services for victims and survivors, and strengthening of referrals between service points. The findings already suggest where some of these activities can be focused. Greater cooperation and coordination between the various law enforcement and social service providers working with victims, survivors and perpetrators will greatly enhance the impact of these services.

5.10 General needs and priorities

Findings and conclusions

In Malawi, the priority of most women and men who took part in the study correspond with their observations that they were most affected by COVID-19 as reported in their having eaten less, skipping meals, increases in the prices of agricultural inputs and food prices, and the impacts of the pandemic on health, healthcare, and economic activities.

When respondents were asked, “What are currently, during COVID-19, the top three priority needs for you and your household?”, approximately 55% of women and men wanted help with food and healthcare, while 40% indicated that earning an income is their biggest current need, followed by sanitation and hygiene.

Recommendations

Since agriculture is the primary livelihood activity in Malawi, interventions in the post-COVID-19 recovery phase should focus on supporting and enhancing livelihoods in this sector.

ANNEXURE 1

Questionnaire 1

Survey: Impact Assessment of COVID-19 on women's and men's wellbeing

QUESTIONS FOR A MOBILE PHONE INTERVIEW BASED SURVEY

DETAILS OF SAMPLED INDIVIDUAL

TELEPHONE NUMBER OF SAMPLED INDIVIDUAL .....

SERIAL NUMBER .... |__|__|__| |__|__|__| |__|__|__|

PHONE NUMBER: #CATI_MOBILENUMBER#

Code	INTERVIEW
1	Complete effective interviews
2	In process to make an appointment (they have already answered the screener)/ mid interview
	IN PROCESS - Before screener
3	Call back to get the respondent (no answer, busy call backs)
4	In process to make an appointment (to answer the screener)
	UNOBTAINABLE
5	No reply after having called in different days of the week and in different business hours
6	Answering machine - Fax line- data line / Line out of order
7	Wrong number/ moved away and could not get the new references
	UNSUCCESSFUL
8	Screen out (Ineligible household/respondent)
9	Refusal before or after refusal

ASK ALL

S1. Which language do you wish to proceed with?

READ ANSWERS, SINGLE RESPONSE

1. English
2. Chichewa
3. Tumbuka
4. Yao

INTRO: Hello, my name is [INTERVIEWER'S NAME] and I am calling from ……,, on behalf of Ministry of Gender, Community Development and Social Welfare and UN Women. We would like to understand how the rapid spread of COVID-19 is affecting women and men, Girls and Boys. You have been randomly selected to participate in this assessment and your feedback and cooperation will be highly appreciated. In order to make the survey as inclusive as possible, you will be asked a set of questions once per week over a two-week period and all responses will be kept strictly confidential.

I request for about 20 minutes of your time to ask you some questions.

At the end of these questions you will receive [PLACEHOLDER] Airtime as an incentive for the participation in both surveys.

ASK ALL

S2. Are you interested in participating in this survey, now or another time?

SINGLE ANSWER

1. Yes **RESPONDENT SPEAK NOT USING SPEAKERPHONE**
2. Yes **RESPONDENT SPEAK OVER SPEAKERPHONE**
3. Not now but another time **GO TO S3**
4. No **IF NO, TRY TO CONVINCE THE RESPONDENT BEFORE CONCLUSIVELY ENDING THE SURVEY GO TO S4**

ASK IF S2 IS 2

S3. When would be a good time to call you back?

RECORD HH/MM/DD/MM OF CALLBACK

HH/MM/DD/MM

Thank you, we will call you back at [HH/MM/DD/MM] you requested. Thank you again and have a great day!

ENTER CALL NOTES BELOW, WHO YOU SPOKE TO AND WHAT THEY SAID

ASK IF S2 IS 3

S4. Thank you for your time, you will be removed from today's survey.

A. Demographic characteristics

ASK ALL

A01. What is your sex?

SINGLE ANSWER

1. Male
2. Female

ASK ALL

A02a. What is your age in completed years?

WRITE YEARS

_ _ [YEARS]

BELOW 18 BASED ON MONTH AND YEAR -> FINISH INTERVIEW

ASK ALL

A03_1.

In which region do you normally live?

SINGLE ANSWER

1. Northern Region
2. Central Region
3. Southern Region

ASK ALL

A03_2. In which District do you live?

DROP DOWN LIST DEPENDING ON ANSWER IN q3_2

ASK ALL

A03_3. Are you living in town or in the village?

SINGLE ANSWER

1. Urban
2. Rural

A03_4. How much on average did your household spend on everything (e.g. rent/ housing, food, clothes etc.) in a month, BEFORE THE ONSET OF COVID-19?

OPEN ANSWER

_____ Kwacha

ELIGIBLE FOR THE INTERVIEW IF:

1. Yes **QUOTA BY REGION/AGE/SEX/LSM**
2. No: **I am sorry that you are not eligible for the survey and thank you for your time. -> FINISH INTERVIEW**

ASK ALL

A04. Are you the head of your household? [IF NEEDED, EXPLAIN: By household we mean people who have been eating from the same pot for the past 6 months. The head of household is the person who makes most of the decisions and generally is the main earner of the household].

If no, what is your relationship to the head of the household?

SINGLE ANSWER

1. Head
2. Spouse/Partner
3. Son/daughter
4. Grandchild
5. Brother/Sister
6. Father/Mother
7. Nephew/Niece
8. In-Law
9. Grandparent
10. Other Relative
11. Non-relative

ASK ALL

A05. What is your current marital status?

SINGLE ANSWER

3. Married
4. Living with partner/Cohabiting
5. Married but separated
6. Widowed
7. Divorced
8. Single (never married)

ASK ALL

A06. What is the highest level of education that you completed?

SINGLE ANSWER

1. No formal education
2. Some Primary School
3. Completed Primary School
4. Some Secondary School
5. Completed Secondary School
6. Technical & Vocational Training
7. Completed University/College
8. Completed Post Graduate

98. No answer/Do not know **[DO NOT READ]**

ASK ALL

A10. Do you live with other people? If yes, how many people live with you in your household, could you tell us by following age groups? Please include yourself.

MULTIPLE ANSWER. OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO MEMBER OF SEPCIFIC CATEGORY PUT ZERO

1. Total number of people_____
2. Number of children 0-5 Yrs.____
3. Number of children 6-17 Yrs._____
4. Number of adults 18-34 Yrs. _____
5. Number of adults 35-64 Yrs. _____
6. Number of elderly 65 or over Yrs. _____

ASK ALL

A11. How many women (of any age) live with you (please include yourself)? Are there any pregnant or lactating women in your household? If yes, please specify how many pregnant or lactating women (include adolescent and young women) are in the household:

MULTIPLE ANSWER. OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO WOMEN, PREGNANT OR LACTATING WOMEN, PUT ZERO

1. Women: Number..... **NUMBER SHOUD BE LESSER THAN SUM IN A07**
2. Pregnant: Number.....
3. Lactating: Number.....

ASK ALL

A08. BEFORE THE ONSET OF COVID-19 did this household provide financial or in-kind support to other family members who do not live with the household?

SINGLE ANSWER

1. Yes
2. No
98. Do not know **[DO NOT READ]**

ASK ALL

A09. Is this household currently providing financial or in-kind support to other family members that are not normally supported, AS A RESULT OF COVID-19? If yes, how many additional people are supported.

SINGLE ANSWER

1. Yes, number of people _____
2. No
98. Do not know **[DO NOT READ]**

ASK ALL

A09. Do you have difficulty doing any of the following – walking, seeing, hearing, remembering or concentrating, self-caring, or communicating?

SINGLE ANSWER

1. Yes, I have difficulties
2. No, I don't have difficulties

B. Household Economic Activities and Livelihoods

ASK ALL

B01. How would you describe your personal economic activity(ies) BEFORE THE ONSET OF COVID-19 that is, as of February 2020?

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. Worked for a person/company/household/Government or other entity for pay
2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I did not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual laborer in agricultural enterprise
8. Worked (without pay) in a family business
9. Did not work for pay/money, but I am looking for a job and I am available to start working
10. Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick
11. Did not work for pay/money because I am studying full time
12. Did not work for pay/money, I have a long-term health condition, injury, disability
13. Did not work as I am retired/pensioner
14. Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons
15. Other

ASK IF B01 IS 1, 2 OR 3

B02. Were the business/freelance activities you did before COVID-19 LOCKDOWN informal/not registered with the Government?

1. Yes
2. No

ASK ALL

B03. Did your personal economic activity(ies) change after February 2020?

SINGLE ANSWER

1. Yes, due to COVID-19 **GO TO B01b**
2. Yes, but not due to COVID-19 **GO TO B01b**
3. No

ASK IF B04 IS 1 OR 2

B04. How would you describe your CURRENT economic activities?

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. Worked for a person/company/household or other entity for pay
2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I do not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual laborer in agricultural enterprise
8. Worked (without pay) in a family business
9. Did not work for pay/money, but I am looking for a job and I am available to start working
10. Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick
11. Did not work for pay/money because I am studying full time
12. Did not work for pay/money, I have a long-term health condition, injury, disability
13. Did not work as I am retired/pensioner
14. Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons
15. Other

ASK IF B04 IS 1, 2 OR 3

B04. Are the business/freelance activities that you are doing currently informal/ not registered with the Government?

1. Yes
2. No

ASK ALL

B05. Has your personal source of income been affected SINCE THE ONSET OF COVID-19? If yes, please indicate how.

SINGLE ANSWER

1. No change in income
2. Lost all income
3. Increased/oversized
4. Decreased/downsized
98. Don't know **[DO NOT READ]**

ASK ALL

B06. Have you or any other member of household received any social protection grants and/or any in-kind support from the Government and/or other non-state actors at national and/or county level – SINCE THE ONSET OF COVID-19, like food, medication, health supplies, etc.?

READ ANSWERS. MULTIPLE ANSWER

1. No **[EXCLUSIVE]**
2. Yes, food
3. Yes, medication
4. Yes, supplies for prevention (gloves, masks, sanitizer, handwashing containers, soap, etc.)
5. Yes, personal hygiene supplies (menstrual supplies, baby diapers, adult diapers etc.)
6. Yes, Social protection grants (Safety Net Programme, Health Insurance scheme, OVC, disability)
7. Yes, other cash transfer

98. Don't know **[DO NOT READ]**

ASK ALL

B07. Did you receive, as source of income, any money or goods from relatives/ friends living elsewhere in South Africa or in another country BEFORE OR DURING THE ONSET OF COVID-19?

SINGLE ANSWER

1. No, this was not a source of income
2. Used to be a source, but no longer is
3. It started to be a source of income DURING ONSET OF COVID-19
4. It was source of income BEFORE AND DURING ONSET OF COVID-19 **GO TO B04_1**

ASK IF B07 IS 4

B08. Have there been any changes since the onset of COVID-19?

SINGLE ANSWER

3. No change since the onset of COVID-19
4. Increased since the onset of COVID-19
5. Decreased since the onset of COVID-19

ASK ALL

B09. Have there been any changes in the combined income from all household members SINCE THE ONSET OF COVID-19? If yes, how did it change?

SINGLE ANSWER

1. No change in income

2. Increased income

3. Decreased income

98. Don't know **[DO NOT READ]**

ASK ALL

B10. Who usually decides how money is spent in your household?

SINGLE ANSWER

1. I decide alone
2. Another household member (woman)
3. Another household member (man)
4. It is joint decision between women and men household members
5. Other non-household member

98. Don't know **[DO NOT READ]**

ASK ALL

B11. Do you usually have any money/income of your own that you alone decide when and how to use?

SINGLE ANSWER

1. Yes
2. No

ASK ALL

B12: Has your household experienced any of the following SINCE THE ONSET OF COVID-19?

READ ANSWERS, RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER

1. Financial difficulties

2. Loss of employment of the head of household

3. Loss of employment of another male HH member

4. Loss of employment of another female HH member

5. Forced isolation within the household

6. Family separation due to cessation of movement/quarantine

7. Increase in alcohol or drug/substance abuse by a member of household

8. Decrease in alcohol or drug/substance abuse by a member of household

9. Did not eat at all for a day or more because of lack of money or other resources

10. Ate less or skipped a meal because of lack of money or other resources
11. Other

98. Don't know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

C. Food Security and Agricultural Inputs

ASK ALL

C01: Does your household usually produce any crops/livestock (fish farming/ poultry/other small stock)?

SINGLE ANSWER

1. Yes
2. No **GO TO C04**

ASK IF C01 IS 1

C02: To what extent does the food produced by the household usually provide your household food needs?

SINGLE ANSWER

1. It provides in **all** our food needs
2. It provides in **most** of our food needs
3. It provides in **some** of our food needs

98. Don't know **[DO NOT READ]**

ASK IF C01 IS 1

C03: Has the availability of seed and other inputs to plant crops changed in any way SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Stayed the same
2. Increased
3. Decreased

98. Don't know **[DO NOT READ]**

ASK IF C01 IS 1

C04: Has your ability to buy these inputs changed in any way SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Stayed the same
2. Increased
3. Decreased

98. Don't know **[DO NOT READ]**

ASK ALL

C04: Has the availability of the food that you usually buy in the local market/shops changed in any way SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Stayed the same
2. Increased
3. Decreased due to movement restrictions
4. Decreased due to other reasons
98. Don't know **[DO NOT READ]**

ASK ALL

C05: Have the prices of the food you usually buy in the local market/shops changed in any way SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Stayed the same
2. Increased
3. Decreased
98. Don't know **[DO NOT READ]**

D. Education

ASK ALL

I will now ask you few questions, separately for boys and girls in your household.

ROTATE SECTION FOR BOYS AND GIRLS

ASK ALL

D0_BOY: Do you have boys 7 to 18 years old in the household?

SINGLE ANSWER

1. Yes
2. No

ASK IF D0_BOY IS 1

D00_BOY: Were all of the boys 7 to 18 years old in your household attending school or any other educational institution in February 2020 BEFORE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes, all were attending school
2. Some were attending some not
3. No, they were not attending

ASK IF D00_BOY IS 1 OR 2

D01_BOY: What kind of school or other educational institution were they attending in February 2020 BEFORE THE ONSET OF COVID-19?

READ ANSWERS. MULTIPLE ANSWER

1. Pre-primary
2. Primary
3. Secondary
4. Other e.g. special needs school

ASK IF D01_BOY IS 2 TO 6

D02_BOY: Are boys using any measures to continue with learning at home SINCE THE ONSET OF COVID-19.

READ ANSWERS. MULTIPLE ANSWER

1. No measures **[EXCLUSIVE] GO TO D01_GIRL/E01**
2. Radio
3. Online learning platforms
4. TV
5. Social Media (e.g. WhatsApp/SMS)
6. Print media
7. Other
98. Don't know **[DO NOT READ]**

ASK IF D01_BOY IS 2 TO 6

D03_BOY: What challenges are the boy learners in your household facing with learning at home SINCE THE ONSET OF COVID-19?

READ ANSWERS. MULTIPLE ANSWER

1. Limited access to internet
2. Limited access to learning materials e.g. books etc.
3. Lack of electricity/source of lighting
4. Increased household chores to the learner
5. Lack of a skilled instructor/adult in the household
6. Lack of conducive environment
7. Multiple roles of the parent/guardian
8. Other
9. No challenges
98. Don't know **[DO NOT READ]**

ASK ALL

D0_GIRL: Do you have girls 7 to 18 years old in the household?

SINGLE ANSWER

1. Yes
2. No

ASK IF D0_GIRL IS 1

D00_GIRL: Were all of the girls 7 to 18 years old in your household attending school or any other educational institution in February 2020 BEFORE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes, all were attending school
2. Some were attending some not
3. No, they were not attending

ASK IF D00_GIRL IS 1 OR 2

D01_GIRL: What kind of school or other educational institution were they attending in February 2020 BEFORE THE ONSET OF COVID-19?

READ ANSWERS. MULTIPLE ANSWER

1. Pre-primary
2. Primary
3. Secondary
4. Other e.g. special needs school

ASK IF D01_GIRL IS 2 TO 6

D02_GIRL: Are girls using any measures to continue with learning at home SINCE THE ONSET OF COVID-19.

READ ANSWERS. MULTIPLE ANSWER

1. No measures **[EXCLUSIVE] GO TO D01_BOY/E01**
2. Radio
3. Online learning platforms
4. TV
5. Social Media (e.g. WhatsApp/SMS)
6. Print media
7. Other
98. Don't know **[DO NOT READ]**

ASK IF D01_GIRL IS 2 TO 6

D03_GIRL: What challenges are the girl learners in your household facing with learning at home SINCE THE ONSET OF COVID-19?

READ ANSWERS. MULTIPLE ANSWER

1. Limited access to internet
2. Limited access to learning materials e.g. books etc.
3. Lack of electricity/source of lighting
4. Increased household chores to the learner
5. Lack of a skilled instructor/adult in the household
6. Lack of conducive environment
7. Multiple roles of the parent/guardian
8. Other
9. No challenges
98. Don't know **[DO NOT READ]**

E. Water and Sanitation

ASK ALL

E01: Do you have access to clean and safe water? Please also indicate whether access is sufficient or limited.

SINGLE ANSWER

1. Yes, sufficient **GO TO F01**
2. Yes, but limited
3. No access

ASK IF E01 IS 2 OR 3

E02: If you have limited or no access to water, what is the MAIN reason why you have limited or no access to clean and safe water?

DO NOT READ ANSWERS. PUT ANSWER IN RIGHT CATEGORY. SINGLE ANSWER

1. Piped water supply is only available on certain days of the week
2. Denied by cartels
3. Fear of COVID-19 infection
4. Harassment en-route to source
5. Source is too far away
6. Source closed due to COVID-19
7. Cannot afford the cost
8. Not enough water containers
9. Water access has always been a challenge
10. Due to floods
11. Other
98. Don't know **[DO NOT READ]**

ASK ALL

E03: Do you have water piped into the house or compound?

SINGLE ANSWER

1. Yes
2. No **GO TO F01**

ASK IF E03 IS 2

E04. If no, who normally collects water in your household?

SINGLE ANSWER

1. Women collect
2. Men collect
3. Girls collect
4. Boys collect

98. Don't know **[DO NOT READ]**

F. Unpaid Care Work

ASK ALL

F01. BEFORE THE ONSET OF COVID-19, who in your household spent the most time doing each of the following activities?

SINGLE ANSWER PER ROW

	Me 1	**Another household member (woman) 2**	**Another household member (man) 3**	**Equally between women and men household members 4**	**Someone else (not household member) 5**	**Don't have that activity 6**	**Don't know 98**
1. Food and meal management and food preparation (e.g. cooking and serving meals)	1	2	3	4	5		98
2. Cleaning (e.g. clothes, household)	1	2	3	4	5		98
3. Shopping for own household/ family members	1	2	3	4	5		98
4. Collecting water/ firewood/fuel	1	2	3	4	5	6	98
5. Minding children without doing something specific for them	1	2	3	4	5	6	98
6. Playing with, talking to and reading to children	1	2	3	4	5	6	98
7. Instructing, teaching, training children	1	2	3	4	5	6	98

8. Caring for children, including feeding, cleaning, physical care	1	2	3	4	5	6	98
9. Assisting elderly/sick/ disabled adults with medical care, feeding, cleaning, physical care	1	2	3	4	5	6	98
10. Assisting elderly/sick/ disabled adults with administration and accounts	1	2	3	4	5	6	98
11. Affective/emotional support for adult family members	1	2	3	4	5	6	98

ASK ALL

F02. SINCE THE ONSET OF COVID-19, how has the time you, personally, devoted to the following activities changed?

SINGLE ANSWER PER ROW

	Do not usually do it 1	Increased 2	Unchanged 3	Decreased 4	Don't know 98
1. Food and meal management and food preparation (e.g. cooking and serving meals)	1	2	3	4	98
2. Cleaning (e.g. clothes, household)	1	2	3	4	98
3. Shopping for own household/ family members	1	2	3	4	98
4. Collecting water/firewood/fuel	1	2	3	4	98
5. Minding children without doing something specific for them	1	2	3	4	98
6. Playing with, talking to and reading to children	1	2	3	4	98
7. Instructing, teaching, training children	1	2	3	4	98
8. Caring for children, including feeding, cleaning, physical care	1	2	3	4	98
9. Assisting elderly/sick/disabled adults with medical care, feeding, cleaning, physical care	1	2	3	4	98
10. Assisting elderly/sick/disabled adults with administration and accounts	1	2	3	4	98
11. Affective/emotional support for adult family members	1	2	3	4	98

ASK ALL

F03. SINCE THE ONSET OF COVID-19, how has the time you, personally, devoted to help/support non-household members (e.g. community, **neighborhood) changed?**

SINGLE ANSWER

1. I do not usually do it
2. Increased
3. Unchanged
4. Decreased

ASK ALL

F04. Do you get help for chores and caring for family from other family members or persons outside of family? If yes, who provide you with help?

READ ANSWERS. MULTIPLE ANSWER

1. I don't usually do chores and caring for family **END INTERVIEW**
2. Parent(s)
3. Husband/partner
4. Daughter(s)
5. Son(s)
6. Other family member(s)
7. Person outside of family (domestic worker/babysitter/nurse)
8. I am on my own

ASK IF F04 IS 2 TO 6

F05. SINCE THE ONSET OF COVID-19, do you get more or less help for chores and caring for family from other family members or persons outside of family?

SINGLE ANSWER

1. I get more help
2. I get less help
3. The level of help is the same

ASK IF F04 IS 6

F05. You mentioned help from domestic worker/babysitter/nurse. How has the situation changed SINCE THE ONSET OF COVID-19:

READ ANSWERS. SINGLE ANSWER

1. We hired a domestic worker/babysitter/nurse
2. Domestic worker/babysitter/nurse works longer hours with us
3. Domestic worker/babysitter/nurse no longer works for us

ASK ALL

F06. This marks the end of Part I of the questionnaire. Thank you for your participation in this mobile phone survey, you will receive your [PLACEHOLDER] airtime credit on this phone 2 DAYS after the competition of the second survey. Please confirm is we can call you again next week for some more questions on the second part of the survey?

SINGLE ANSWER

1. Yes
2. No

Thank you for your participation!

Questionnaire 2

Survey: Impact Assessment of COVID-19 on women's and men's wellbeing

QUESTIONS FOR A MOBILE PHONE INTERVIEW BASED SURVEY

DETAILS OF SAMPLED INDIVIDUAL

TELEPHONE NUMBER OF SAMPLED INDIVIDUAL .....

SERIAL NUMBER .... |__|__|__| |__|__|__| |__|__|__|

PHONE NUMBER: #CATI_MOBILENUMBER#

Code	INTERVIEW
1	Complete effective interviews
2	In process to make an appointment (they have already answered the screener)/ mid interview
	IN PROCESS - Before screener
3	Call back to get the respondent (no answer, busy call backs)
4	In process to make an appointment (to answer the screener)
	UNOBTAINABLE
5	No reply after having called in different days of the week and in different business hours
6	Answering machine - Fax line- data line / Line out of order
7	Wrong number/ moved away and could not get the new references
	UNSUCCESSFUL
8	Screen out (Ineligible household/respondent)
9	Refusal before or after refusal

S0. PARTICIPATION IN QUESTIONNAIRE 1.

1. **YES -> GO TO**
2. **NO -> GO TO INTRO C**

ASK IF S0 IS 2

S1. Which language do you wish to proceed with?

READ ANSWERS, SINGLE RESPONSE

1. English
2. Chichewa
3. Tumbuka
4. Yao

ASK IF S01, PARTICIPATION IN QUESTIONNAIRE 1, IS 2 (NO)

INTRO: Hello, my name is [INTERVIEWER'S NAME] and I am calling from .....,, on behalf of Ministry of Gender, Community Development and Social Welfare and UN Women. We would like to understand how the rapid spread of COVID-19 is affecting women and men, Girls and Boys. You have been randomly selected to participate in this assessment and your feedback and cooperation will be highly appreciated. In order to make the survey as inclusive as possible, you will be asked a set of questions once per week over a two week period and all responses will be kept strictly confidential.

I request for about 20 minutes of your time to ask you some questions.

At the end of these questions you will receive [PLACEHOLDER] Airtime as an incentive for the participation in both surveys.

INTRO1_1: Are you interested in participating in this survey, now or another time?

SINGLE ANSWER

1. Yes **RESPONDENT SPEAK NOT USING SPEAKERPHONE GO TO A01**
2. Yes **RESPONDENT SPEAK OVER SPEAKERPHONE GO TO A01**
3. Not now but another time **GO TO S3**
4. No **IF NO, TRY TO CONVINCE THE RESPONDENT BEFORE CONCLUSIVELY ENDING THE SURVEY GO TO S4**

ASK IF S01, PARTICIPATION IN QUESTIONNAIRE 1, IS 1 (YES)

INTRO2: Hello, my name is [INTERVIEWER'S NAME] I am calling from Geopoll, market research agency, on behalf of UN Women and their partners. We previously called this phone number and interviewed you or somebody else from your household.

INTRO2_1: Are you this same person who did the first interview a week ago?

SINGLE ANSWER

1. Yes
2. No **GO TO INTRO2_3**

ASK IF INTRO2_1 IS 2

INTRO2_2: Can we speak with this person now?

SINGLE ANSWER

1. Yes **CONTINUE CONVERSATION WITH RESPONDENTS FROM THE FIRST STUDY**
2. Not now but another time **GO TO S3**
3. Not possible to reach that person **GO TO S4**

ASK IF INTRO2_1 IS 1 OR INTRO2_2 IS 1

INTRO2_3: We previously called this phone number and interviewed you to understand how COVID-19 has been affecting women and men, girls and boys. Just to remind you, all responses will be kept strictly confidential and if there are any costs to the call, it will be covered by UN-Women. If at any point there are any

questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point.

Are you interested in participating in this survey, now or another time?

SINGLE ANSWER

1. Yes **RESPONDENT SPEAK NOT USING SPEAKERPHONE GO TO C01 (HEALTH SECTION)**
2. Yes **RESPONDENT SPEAK OVER SPEAKERPHONE GO TO C01 (HEALTH SECTION)**
3. Not now but another time **GO TO S3**
4. No **IF NO, TRY TO CONVINCE THE RESPONDENT BEFORE CONCLUSIVELY ENDING THE SURVEY GO TO S4**

ASK IF S2 IS 3

S3. When would be a good time to call you back?

RECORD HH/MM/DD/MM OF CALLBACK

HH/MM/DD/MM

Thank you, we will call you back at [HH/MM/DD/MM] you requested. Thank you again and have a great day!

ENTER CALL NOTES BELOW, WHO YOU SPOKE TO AND WHAT THEY SAID

ASK IF S2 IS 3

S4. Thank you for your time, you will be removed from today's survey.

A. Demographics

ASK ALL

A01. What is your sex?

SINGLE ANSWER

1. Male
2. Female

ASK ALL

A02. What is your age in completed years?

WRITE YEARS

_ _ [YEARS]

BELOW 18 -> FINISH INTERVIEW

ASK ALL

A03_1.

In which region do you normally live in?

SINGLE ANSWER

1. Northern Region
2. Central Region
3. Southern Region

ASK ALL

A03_2. In which District do you live?

DROP DOWN LIST DEPENDING ON ANSWER IN q3_2

ASK ALL

A03_3. Are you living in town or in the village?

SINGLE ANSWER

1. Urban
2. Rural

ASK ALL

A03_3. What was the monthly income of your household BEFORE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Categories to be determined with NSO

98. Do not know

99. Refused

ASK ALL

A03_4. How much on average did your household spend on everything (e.g. rent/ housing, food, clothes etc.) in a month, BEFORE THE ONSET OF COVID-19?

OPEN ANSWER

_____ Kwacha

ELIGIBLE FOR THE INTERVIEW IF:

1. Yes **QUOTA BY REGION/AGE/SEX/LSM**
2. No: **I am sorry that you are not eligible for the survey and thank you for your time. -> FINISH INTERVIEW**

ASK ALL

A04. Are you the head of your household? [IF NEEDED, EXPLAIN: By household we mean people who have been eating from the same pot for the past 6 months. The head of household is the person who makes most of the decisions and generally is the main earner of the household].

If no, what is your relationship to the head of the household?

SINGLE ANSWER

1. Head
2. Spouse/Partner
3. Son/daughter
4. Grandchild
5. Brother/Sister
6. Father/Mother
7. Nephew/Niece
8. In-Law
9. Grandparent
10. Other Relative
11. Non- relative

ASK ALL

A05. What is your marital status?

SINGLE ANSWER

3. Married
4. Living with partner/Cohabiting
5. Married but separated
6. Widowed
7. Divorced
8. Single (never married)

ASK ALL

A06. What is the highest level of education that you completed?

SINGLE ANSWER

1. No formal education
2. Some Primary School
3. Completed Primary School
4. Some Secondary School
5. Completed Secondary School
6. Technical & Vocational Training
7. Completed University/College

8. Completed Post Graduate

98. No answer/Do not know **[DO NOT READ]**

ASK ALL

A07. Do you live with other people? If yes, how many people live with you in your household, could you tell us by following age groups? Please include yourself.

MULTIPLE ANSWER. OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO MEMBER OF SEPCIFIC CATEGORY PUT ZERO

1. Total number of people_____
2. Number of children 0-5 Yrs.____
3. Number of children 6-17 Yrs._____
4. Number of adults 18-34 Yrs. _____
5. Number of adults 35-64 Yrs. _____
6. Number of elderly 65 or over Yrs. _____

ASK ALL

A08. How many women (of any age) live with you (please include yourself)? Are there any pregnant or lactating women in your household? If yes, please specify how many pregnant or lactating women (include adolescent and young women) are in the household:

MULTIPLE ANSWER. OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO WOMEN, PREGNANT OR LACTATING WOMEN, PUT ZERO

1. Women: Number..... **NUMBER SHOUD BE LESS THAN SUM IN A07**
2. Pregnant: Number.....
3. Lactating: Number.....

ASK ALL

A09. Do you have difficulty doing any of the following – walking, seeing, hearing, remembering or concentrating, self-caring, or communicating?

SINGLE ANSWER

1. Yes, I have difficulties
2. No, I don't have difficulties

B. Household Economic Activities and Livelihoods

ASK ALL

B01. How would you describe your personal economic activity(ies) BEFORE THE ONSET OF COVID-19, that is, as of February 2020?

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. Worked for a person/company/household/government or other entity for pay

2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I did not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual laborer in agricultural enterprise
8. Worked (without pay) in a family business
9. Did not work for pay/money, but I am looking for a job and I am available to start working
10. Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick
11. Did not work for pay/money because I am studying full time
12. Did not work for pay/money, I have a long-term health condition, injury, disability
13. Did not work as I am retired/pensioner
14. Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons
15. Other

ASK IF B01 IS 1, 2 OR 3

B02. Were the business/freelance activities you did before COVID-19 LOCKDOWN informal/not registered with the Government?

1. Yes
2. No

ASK ALL

B03. Did your personal economic activity(ies) change from February 2020?

SINGLE ANSWER

1. Yes, due to COVID-19 **GO TO B01b**
2. Yes, but not due to COVID-19 **GO TO B01b**
3. No

ASK IF B03 IS 1 OR 2

B04. How would you describe your CURRENT economic activities?

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. Worked for a person/company/household/Government or other entity for pay

2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I do not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual laborer in agricultural enterprise
8. Worked (without pay) in a family business
9. Did not work for pay/money, but I am looking for a job and I am available to start working
10. Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick
11. Did not work for pay/money because I am studying full time
12. Did not work for pay/money, I have a long-term health condition, injury, disability
13. Did not work as I am retired/pensioner
14. Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons
15. Other

ASK IF B04 IS 1, 2 OR 3

B05. Were the business/freelance activities you are doing at present informal/not registered with the Government?

1. Yes
2. No

ASK ALL

B06. Have there been any changes in the combined income from all household members SINCE THE ONSET OF COVID-19? If yes, how did it change?

SINGLE ANSWER

1. No change in income
2. Increased income
3. Decreased income

C. Health

ASK ALL

C01. SINCE THE ONSET OF COVID-19, have you received information about how you can protect yourself against COVID-19 (including the associated risks, recommended preventive action, recommended coping strategies)? If yes, what is your main source of information regarding COVID-19?

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES.

MULTIPLE ANSWER

1. Internet & social media
2. Official Government websites or other communication channels
3. Radio/Television/Newspaper
4. Public announcement/speaker
5. Phone (text or call)
6. Community, including family and friends
7. Community health worker /volunteer
8. NGO/Civil Society organization
9. Other
10. No, I have not received information about COVID-19 **[EXCLUSIVE]**

98. Don't know **[DO NOT READ]**

ASK ALL

C02. Have you or any other household member(s) been/is ill, any kind of illness, SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes
2. No
98. Do not know **[DO NOT READ]**

ASK ALL

C03. Has your own mental or emotional health (e.g. stress, anxiety, confidence etc.) been affected negatively SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes
2. No
98. Do not know **[DO NOT READ]**

ASK ALL

C04. Has the mental or emotional health (e.g. stress, anxiety, confidence etc.) of any of your family members been negatively affected SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes
2. No
98. Do not know **[DO NOT READ]**

ASK ALL

C05. Have you been worried about anything SINCE THE ONSET OF COVID-19? If yes what are your MAIN worries?

READ ANSWERS. MULTIPLE ANSWER

1. Death
2. Becoming infected with COVID-19
3. Other health issues
4. Economic situation and income-generating activities
5. Access to food
6. Access to medicine
7. Missing school
8. Safety (related to the crisis specifically)
9. Others
10. I haven't been worried **[EXCLUSIVE]**

98. Don't know **[DO NOT READ]**

ASK ALL

C06. Are you or your household currently covered by health insurance (private or national insurance)?

SINGLE ANSWER

1. Yes, national insurance
2. Yes, private insurance
3. No

98. Don't know **[DO NOT READ]**

ASK ALL

C07. Did you personally, seek any healthcare service/visit doctors SINCE THE ONSET OF COVID-19? If yes, what has been your experience in the time it took to receive healthcare services/visit doctors?

SINGLE ANSWER

1. Same waiting time as before COVID-19 outbreak
2. Longer waiting time as before COVID-19 outbreak
3. Shorter waiting time as before COVID-19 outbreak
4. Had to go repeatedly as doctors are not available during COVID-19 outbreak
5. Did not seek/need medical care
6. Self-medication for fear of getting infected with COVID-19

98. Don't know **[DO NOT READ]**

ASK ALL

C08. Have you or any other household member tried to access healthcare services SINCE THE ONSET OF COVID-19. Were you able to access them?

SINGLE ANSWER

1. Yes, we tried and were able to access healthcare facilities

2. Yes, we tried but were not able to access healthcare facilities
3. Yes, we tried and were able to access some, but some we couldn't
4. No, we didn't need any healthcare services **[EXCLUSIVE]**

98. Don't know **[DO NOT READ]**

ASK IF C08 IS 2 AND 3

C09. Which of the following healthcare services did you try to access SINCE THE ONSET OF COVID-19 but have been UNABLE to?

READ ANSWERS. MULTIPLE ANSWER. RANDOMIZED ANSWERS

1. Family planning/Sexual and reproductive healthcare services (including menstrual hygiene etc.)
2. Healthcare services for pregnant mothers/maternal healthcare services
3. Child healthcare services
4. Clinical management of sexual violence (rape and defilement)
5. HIV healthcare services
6. Other chronic illness related services
7. Cancer related healthcare (Oncology)
8. Medical imaging (radiology/x-ray) services
9. Lack/scarcity of medicine for chronic illnesses
10. Other healthcare related services

98. Don't know **[DO NOT READ]**

ASK ALL

C10. You indicated in the previous question that you found it difficult to access formal healthcare services. Has your household been using alternative sources of healthcare services? Please specify.

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. No need to seek alternative healthcare
2. Visiting herbalists
3. Procuring medication from pharmacies
4. Praying for healing
5. Using mid-wives
6. Calling personal /family doctor for consultation and prescription over the phone
7. Other

98. Don't know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

D. Protection and Security

ASK ALL

D01. Have your feelings of safety in your community from threat of violence or violence itself changed SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. The same feeling
2. Feel safer
3. Feel less safe

98. Don't know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

D02. Have you personally experienced violence or threats of violence by the police or security agents in the context of implementing restrictions to respond to COVID-19 (movement restriction, curfew, closure of certain premises)?

SINGLE ANSWER

1. Yes
2. No

98. Don't know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

D03. Have you personally experienced any form of discrimination against you SINCE THE ONSET OF COVID-19? (Discrimination happens when you are treated less favorably compared to others or harassed because of your sex, age, disability, socio-economic status, place of residence, political opinion or any other characteristics)

SINGLE ANSWER

1. Yes
2. No

98. Don't know **DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

D04. Do you feel there has been a change in discrimination, prejudice or racism in the area where you live SINCE THE COVID-19 LOCKDOWN STARTED?

SINGLE ANSWER

1. No, it didn't change
2. Yes, it increased
3. Yes, it decreased

98. Don't know **DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

D05. Have your feelings of safety in your home changed SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. The same feeling of safety **GO TO INTRO_GBV**
2. Feel safer **GO TO INTRO_GBV**
3. Feel less safe **GO TO D06**

98. Don't know **DO NOT READ] GO TO INTRO_GBV**

99. Refused **[DO NOT READ] GO TO INTRO_GBV**

ASK IF D05 IS 3

D06: Why do you feel less safe SINCE THE ONSET OF COVID-19?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER

1. Live in densely populated area and children play and move around making even your home unsafe during COVID-19
2. Crime has increased
3. Others in the household hurt me
4. Other adults in the household are hurt
5. Children in the household are being hurt
6. There is substance abuse (e.g. alcohol and drugs) in the household
7. I fear discrimination and being side-lined at home due to the nature of my work (health worker, COVID-response frontline workers)
8. I am stigmatized for having been infected with COVID-19
9. Other

98. Don't know **DO NOT READ]**

99. Refused **[DO NOT READ]**

E. Gender Based Violence and harmful practices-FGM and child marriages

INTRO_GBV

I am now going to ask you a series of questions about gender-based violence, please answer based on your knowledge of the experiences of you and your community (family and friends). By gender-based violence we have in mind violence committed primarily against women by men, but would also like to learn about violence that may be perpetrated by women against men. This violence can be any physical, sexual or psychological violence (such as harassment), in both public and private spaces.

DISCLAIMER

Kindly only answer to this part if you feel confident and safe enough to do so. Should you require information or further support in regard to gender-based violence (GBV), kindly call the national GBV toll free-helpline 6388- Setaweet and 8044- Marie Stopes. It's free for everyone.

You can also refer your family, friend, neighbour or someone who needs support. We commit to ensure that the survivor's right to safety, confidentiality, dignity and self-determination, and non-discrimination.

In cases of sexual violence, the team should be prepared to facilitate access to lifesaving health services within the appropriate time period (72 hours for HIV post-exposure prophylaxis and 120 hours for emergency contraception).

NOTE TO INTERVIEWER: SHOULD YOU FIND A SURVIVOR WHO NEED SUPPORT, THEN REFER THEM TO 1195 (GBV HELPLINE) AND/OR 116 (CHILDREN'S HELPLINE). DO NOT TRY TO COUNSEL THE SURVIVOR, BE CALM AND OPEN WITH THEM. LISTEN CALMLY AND SEEK THEIR APPROVAL TO LINK THEM TO SOMEONE WHO CAN PROVIDE GUIDANCE AND SUPPORT TO THEM. IT IS VERY IMPORTANT TO RESPECT SOMEONES DECISION AS TO WHETHER THEY WILL CALL THE HELPLINE OR NOT. CALL THE TOLL FREE-HELPLINE 6388- SETAWEET AND 8044- MARIE STOPES

ASK ALL

E01. To what extent do you think that gender-based violence is a problem in South Africa?

SINGLE ANSWER. REMIND RESPONDENT THAT THIS VIOLENCE INCLUDES: PHYSICAL, SEXUAL, PSYCHOLOGICAL (SUCH AS HARASSMENT), IN BOTH PUBLIC AND PRIVATE.

1. A lot
2. Somewhat
3. A little bit
4. Not at all

98. Don't know **DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK IF 1-3 AT E001

E02. How often do you think that gender-based violence occurs in South Africa?

SINGLE ANSWER.

1. Happens very often
2. Happens sometimes
3. Does not happen very often
4. Never happens

98. Don't know **DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

E03. Do you think gender-based violence in South Africa has changed SINCE THE ONSET OF COVID-19? If yes, how did it change?

SINGLE ANSWER

1. Yes, increased
2. Yes, decreased
3. No, stayed the same

98. Don't know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

E04. Do you know anyone who have experienced any of the following SINCE THE ONSET OF COVID-19?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS

1. Sexual harassment e.g inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to them (the range of sexual harassment)
2. Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person.
3. Female genital mutilation, that is, deliberate removal of external female genitalia
4. Make the person have sex when s/he did not want to" and "do something sexual that s/he did not want to do".
5. Denial of resources/money/water/land/livestock/house/grain
6. Online/Internet bullying e.g. physical threats, sexual harassment, sex trolling, sextortion, online pornography, zoom-bombing among others
7. Emotionally hurting someone through verbal abuse etc.
8. Denial to communicate with other people
9. Child and or forced marriage

98. Don't know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

IN CASE OF MORE THAN ONE ANSWER IN E04

E04a. Which one of the types of gender-based violence listed in the previous question is the most recent one that you became aware of?

ASK ONLY FOR ANSWERS SELECTED IN E04. SINGLE ANSWER

1. Sexual harassment e.g inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to them (the range of sexual harassment)

2. Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person.
3. Female genital mutilation, that is, deliberate removal of external female genitalia
4. Make the person have sex when s/he did not want to" and "do something sexual that s/he did not want to do".
5. Denial of resources/money/water/land/livestock/house/grain
6. Online/Internet bullying e.g. physical threats, sexual harassment, sex trolling, sextortion, online pornography, zoom-bombing among others
7. Emotionally hurting someone through verbal abuse etc.
8. Denial to communicate with other people
9. Child and or forced marriage

98. Don't know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

ASK IF ANSWER TO E04a IS 1 TO 9

E05. I would ask you few more questions in relation to the MOST RECENT case of gender-based violence you are aware of.

Who was the perpetrator/offender of the action?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS

1. Spouse/partner
2. Other family member
3. Friend
4. Boss
5. Colleague
6. Client
7. Teacher
8. Neighbour
9. Health worker
10. Community leader
11. Religious leader
12. Security agent
13. Other **[ANCHOR TO THE BOTTOM]**

98. Don't know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

ASK IF ANSWER TO E04a IS 1 TO 9

E06. Again, in the MOST RECENT case you are aware of, Do you know if the affected person looked for help? If yes, who did they contact?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO.

MULTIPLE ANSWER. RANDOMIZED ANSWERS.

1. Family member
2. Friend
3. Women's Affairs office
4. Colleague
5. Client
6. Teacher
7. Police
8. Health facility
9. Helpline
10. Social worker
11. Non-governmental agency
12. Neighbour
13. Religious leaders
14. Online platforms (Facebook, etc.)
15. Other [**ANCHOR TO THE BOTTOM]**
16. No, did not seek help **[ANCHOR TO THE BOTTOM, EXCLUSIVE]**

98. Don't know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**
99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

ASK ALL

E08. If you or someone you know experienced gender-based violence or harmful practices, do you think they would seek help?

SINGLE ANSWER

1. Yes
2. No

98. Do not know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

E09. Do you know where to find help if you or someone else is exposed to gender-based violence? If yes, where would you find help?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS.

1. Call for access to friendly spaces for children in the community
2. Seek support from family
3. Seek religious leader
4. Access to centres for women/men
5. Approach community leaders

6. Talk with friends
7. Call helpline
8. Call/go to police
9. Go to health facility
10. Seeking support from civil society/NGOs
11. Other, specify_____

    98. Do not know **[DO NOT READ]**

    99. Refused **[DO NOT READ]**

ASK ALL

E10. What types of information, advice or support would you say is needed in this community to prevent gender-based violence and harmful practices from happening DURING THIS COVID-19 PERIOD?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS.

1. Information about security/crime prevention, referral linkages
2. Practical help such as shelter/food/clothing
3. Someone to talk to
4. Psycho-social support
5. Help with insurance/compensation claim
6. Protection from further victimization/harassment
7. Help in reporting the incident/dealing with the police
8. Medical support
9. Financial support
10. Legal support
11. Comprehensive, one stop services ~~to avoid double victimization~~ where the victim can get all support
12. Other

98. Do not know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

Thank you for your responses so far. We have one last question to ask before the end of this interview.

ASK ALL

E11. What are currently, during COVID-19, the top three priority needs for you and your household?_

READ ANSWERS. MULTIPLE ANSWER

1. Health care
2. Food

3. Water
4. Sanitation – Hygiene
5. Shelter and household items
6. Being sure that you can continue to live in your current place (security of tenure)
7. Education
8. Earning a living/getting an income/working
9. Safety and Security
10. Other

    98. Do not know **[DO NOT READ]**

E12. This marks the end of the questionnaire. Thank you for your participation in both parts of this mobile phone survey. You will receive your [PLACEHOLDER] airtime credit on this phone within the next 2 days.

Malawi Country Office
Area 12/224
Private Bag B425
Lilongwe 3, MALAWI
Tel: +265 1 772 549, +265 1 772 541
Fax: +265 1 772 548
Website: malawi.unwomen.org